



STAFFORDSHIRE COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

G. RAMAGE, M.A. (Admin.) M.D.

For the Year 1967



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CONTENTS

	PAGE
FOREWORD—by Dr. G. Ramage, County Medical Officer of Health ..	3
SECTION I	
Health Committee	8
SECTION II: STATISTICS	
Vital Statistics	13
Area and Population	13
Cancer Statistics	16
Tuberculosis Statistics	19
Deaths	22
Births	23
General Tables	24
SECTION III: LOCAL HEALTH SERVICES	
Artificial Kidney Machines	34
Chronic Sick	34
Ambulance Service	35
Attendances at Clinics	38
Blind Welfare	39
Building Programme (Health Centres and Clinics)	42
Care of Unmarried Mothers and their Children	47
Cervical Cytology Service	48
Chiropody Service	50
Co-ordination with Hospital and Family Doctors	51
Co-ordinating Committee—Family Welfare	51
Day Nurseries (County and Private)	52
Dental Treatment	57
Distribution of Welfare Foods	59
Domestic Help Service	59
Health Department Social Work Functions	60
Health Education	62
Health Visiting	64
Home Nursing Service	66
Incontinence Equipment—Supply of	68
Maternal Mortality	68
Medical Assessments and Medical Reports	69
Mental Health Service	70
Midwives Service	79
Maternity and Nursing Homes	81
Mothers' Clubs	81
Neighbourly Helps	83
Night Helps	83
Nursing Comforts	83
Prematurity	84
Vaccination and Immunisation	86
B.C.G. Vaccination	91
SECTION IV: OTHER SERVICES	
Family Planning	94
Chemical Laboratory Report	97
Milk Supply	116
Schemes of Water Supply, Sewerage and Sewage Disposal	126
Mass Radiography	131
Infectious Diseases	134
Venereal Diseases	135

STAFFORDSHIRE COUNTY COUNCIL

Annual Report of Medical Officer of Health

FOREWORD

The 12 months under review represent the first year with the population of the reduced County for the entire period and a survey of the vital statistics shows that in practically all instances there is a downward trend. The infant mortality, maternal mortality and the general death rate, are all lower this year and indeed the tuberculosis figures are down to a record low figure. The conclusion cannot be drawn that these figures are solely the result of the operation of the Health Services. The present area of the County no longer includes heavily populated industrial areas which are always associated with poorer health figures. Nevertheless, some of the improved figures, for example those of cervical cancer, may well be associated with the increased work being done in the County Clinics and elsewhere in taking cervical smears. It will be noted on page 48 that the number of women attending the clinics this year increased to 7,000 as compared with 3,000 in the previous year. The service was available in all parts of the County with the exception of the Tamworth and Lichfield area, where there was difficulty in getting the smears examined owing to shortages of staff at the hospitals concerned.

Less satisfactory are the comments in the report of the Stoke-on-Trent Mass Miniature Radiography Unit that they had observed a 30% increase in lung cancer amongst women; the big increase recorded in the number of illegitimate births with mothers under 21 and the number of cases of gonorrhoea in Stafford were double those noted in 1966. The consultant at the Stafford V.D. Clinic mentions that the increase in the number of cases of gonorrhoea noted in recent years suggests that the infection is spreading out from the larger towns.

The year under consideration was a difficult year financially when the budget of the Health Committee was, in common with other Departments, severely cut and this particularly affected training and the attendance at conferences. In spite of this, two schemes of great value took place during the year. The first of these was the commencement of the training course for Health Visitors at Keele University in conjunction

with the County Borough of Stoke-on-Trent. A whole-time Tutor was appointed to the course and special lectures were given by the staffs of the two Health Departments concerned. At the time of writing it is known that out of 11 candidates, 10 were successful in passing their examinations. Apart from the high standard of training obtainable under the auspices of the University, the course naturally is of great benefit to the local authorities participating and as it is hoped to train greater numbers in the subsequent years, there is now a possibility that the long-standing shortage of Health Visitors may be reduced and possibly eliminated.

The second scheme was the putting into effect of the recommendations of the working party on the training of ambulance personnel on an experimental basis. Staffordshire was one of the nine authorities selected to run experimental courses which were inspected by a working party appointed by the Ministry in order that their value could be properly established. It is pleasing to report that the work at the Stafford Station was found to be of a high standard and it is hoped that Staffordshire may continue as one of the training authorities. Apart from the value of well-trained, competent ambulance men for the service, the running of the training course demands a high standard from those giving the training.

During the year, a notable event was the opening of the Health Centre at Rugeley. This represented the end result of some seven years' discussions and negotiation and is a tribute, not only to the stamina of those concerned, but to the enthusiasm of the doctors who, throughout this long period, held to the idea of the value of a Health Centre to themselves and the community. The details of this Centre are given in the report and it is a great satisfaction to be able to say that with the minimum of difficulty the Centre is running efficiently and is regarded by the patients and doctors as a big improvement on the old methods and premises.

This Centre is one of some 22 Centres which the Department would like to see in operation throughout the County. Because of site difficulties and questions of design, the negotiations are necessarily fairly long and it is very much to be regretted that owing to the difficult financial conditions, the County Council limited the building of new Health Centres for the next year or two.

The building of Health Centres is as important within the domiciliary field of medical treatment as the building of hospitals in that part of the National Health Service and, of course, infinitely less costly. The difference in the financial treatment of the two is striking and will be regarded by some people as a further argument for the integration of the National Health Service.

As a result of the previous year's planning, during the year a new clinic was opened at Harriseahead which will be used not only for County purposes but as a surgery by General Practitioners and in other parts of the County six additional premises in hired buildings were opened. During the year, the two hostels at Lichfield (the Junior and Senior Hostels) and Adult Centres at Cannock and Lichfield were opened. The last two new buildings represent a big step forward in the application of the spirit of the 1959 Mental Health Act that mental cases shall, as far as possible, be provided for within the community and it is very pleasing indeed to record the welcome given by the public to the Training Centres and the Hostels. This is demonstrated by the enthusiasm and continual

help given by the voluntary committees. In some parts of the County this has, in the material sense, been on a grand scale amounting to the provision of complete motor vehicles, but what is appreciated most of all is the spirit that gives rise to these good works, which is the fulfilment of the ideal of the 1959 Mental Health Act.

The pages of the report dealing with the domiciliary services, the work of the Health Visitors and District Nurses show once again that increased numbers have been dealt with. There is an increase of 25% in the items loaned from the nursing equipment depots which are run by the Red Cross and the St. John Ambulance Brigade on behalf of the County. This is another instance of excellent voluntary work being done by these bodies which is greatly appreciated by the staff and the public alike.

As might be expected, the number of domiciliary deliveries was again reduced and in total 70% of confinements in the County took place in hospitals. If this figure falls much further, there will be difficulties in maintaining a domiciliary service which must be kept in existence.

As has been mentioned above, the year has been difficult because of the restrictions due to finance and some of the achievements mentioned are the results of planning and expenditure provided in previous years. There is no doubt that if the present restrictions continue there will be a fall in the quality of the service provided to the public. This will result from the reductions in training and refresher courses and there is a danger that the General Practitioners having already waited long periods for the provision of Health Centres will despair of ever getting them.

The financial difficulties were added to by administrative changes during the year by which the combined district of Aldridge-Brownhills was given delegated powers and this at a time when the report of the boundary commission is being awaited. The additional money required to be spent on this form of administration would have been very welcome to help the practical public health work in the field. At the time of writing the foreword, further administrative changes affecting the Health Department are proposed and the year 1968 promises to be an important period in the development of the Public Health Department.

It is a pleasure each year to conclude with thanks to the Committee, the other Departments and the staff for the parts they have played in making the work of the Department effective and successful. This year, no less than in the previous years, the good results recorded would not have been attained without the same generous help and consideration which is gratefully acknowledged.

G. RAMAGE,

County Medical Officer of Health

County Health Department,
County Buildings,
Martin Street,
Stafford.



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SECTION I

COMMITTEES

STAFF

COMMITTEES

The Committee of the County Council concerned with local health services is the Health Committee.

The County Medical Officer also acts as medical adviser to all Committees of the County Council including the Education Committee, Welfare Services Committee and Children's Committee.

HEALTH COMMITTEE

as at 31st December, 1967

Chairman — MISS G. JOULES

Vice-Chairman — F. N. SALMON, Esq.

Ex-Officio Members—

H. GOODWIN, Esq.

Chairman of the County Council

F. J. OXFORD, Esq.

Vice-Chairman of the County Council

A. L. GARRETT, Esq.

Chairman of the Finance Committee

T. A. W. GIFFARD, Esq., M.B.E. *Vice-Chairman of the Finance Committee*

Alderman J. J. BEECH

Councillor Mrs. F. M. MILNE

„ Mrs. H. M. GARDNER

„ A. NEEDHAM

„ R. B. WILLIAMS

„ W. NEWBURY

Councillor Mrs. E. ASHLEY

„ J. R. PAUL, M.B.E., M.C.

„ Mrs. C. M. BARKER

„ G. A. POOLE

„ E. H. BEET

„ M. W. ROBSON

„ T. CAWLEY

„ F. W. SAVILL

„ C. R. CRITCHLOW

„ J. T. STANFORD

„ B. A. GARMAN

„ Mrs. M. J. STUBBS

„ G. H. HARRIS

„ H. T. WALTON

„ B. JONES

„ R. F. WRIGHT

„ P. E. McELLIN

„ Mrs. D. M. W. WYNNE

„ G. McEVOY

HEALTH DEPARTMENT STAFF

(A) MEDICAL

County Medical Officer of Health

G. RAMAGE, M.A. (Admin.), M.D., CH.B., B.SC., M.R.C.S., L.R.C.P., D.P.H.
Health Department, County Buildings, Stafford. Tel. No. Stafford 3121

Deputy County Medical Officer of Health

A. WITHNELL, B.SC., M.D., CH.B., D.P.H.

Principal Medical Officer for Maternity and Child Welfare

MAIRIDH A. M. N. GILLATT, M.B., CH.B., D.P.H., D.R.C.O.G.

Principal Medical Officer for Mental Health

W. JOHNSON, M.R.C.S., L.R.C.P.

Medical Officers to Area Health Committees

SHEILA M. DURKIN, M.B., CH.B., D.P.H.

C. E. JAMISON, M.B., B.CH., B.A.O., D.P.H.

W. D. H. MCFARLAND, M.B., B.CH., B.A.O., D.P.H.

J. TOLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. H. TOMLIN, M.D., CH.B., D.P.H.

R. WEBSTER, M.B., CH.B., D.T.M. & H., D.P.H.

(B) OTHER MEDICAL

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Senior Administrative Medical Officer for Schools

H. E. WILSON, M.B., CH.B., D.O., D.P.H.

Senior Medical Officer

(C) OTHER PROFESSIONAL

County Dental Officer

J. C. TIMMIS, L.D.S., R.C.S.

County Analyst

R. S. HATFULL, F.R.I.C., F.R.S.H.

County Health Inspector

H. PREST, M.I.P.H.E., M.A.P.H.I.

(D) SENIOR ADMINISTRATIVE STAFF

Chief Administrative Assistant

E. E. EVANS

Chief Clerk

N. F. GREENWOOD

(E) OTHER STAFF

County Ambulance Officer

R. G. YATES, F.I.A.O., F.I.C.A.P.

Health Education Officer

R. W. ROSSINGTON, M.R.I.P.H.H., DIP.H.ED.

SECTION II

STATISTICAL AND GENERAL INFORMATION

STATISTICS RELATING TO ADMINISTRATIVE
COUNTY

EXTRACT FROM VITAL STATISTICS FOR 1967

AREA AND POPULATION

STATISTICS RELATING TO:—

CANCER

TUBERCULOSIS

CHIEF CAUSES OF DEATH

BIRTHS

DEATHS

GENERAL TABLES

STATISTICS

Area of Administrative County (1966)	.. ..(acres)	657,200
Estimated Home Population of Area 1967 (primarily for Calculation of Birth- and Death-rates or incidence of Notifiable Diseases)	.. ..	693,960
Rateable Value at 1st April, 1967 (General County Purposes)	.. ..	£23,095,507
Estimated net product of penny rate, 1967-68	.. ..	£94,937

EXTRACT FROM VITAL STATISTICS FOR 1967

Live Births:

Number	.. ..	13,998
Rate per 1,000 population	.. ..	20.2
Illegitimate Live Births (per cent of total live births)		4.7

Stillbirths:

Number	.. ..	225
Rate per 1,000 total live and still births	16

Total Live and Still Births	14,223
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Infant Deaths (deaths under one year)	240
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Infant Mortality Rates:

Total infant deaths per 1,000 total live births	..	17
Legitimate infant deaths per 1,000 legitimate live births	.. ..	17
Illegitimate infant deaths per 1,000 illegitimate live births	.. ..	23

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	12
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Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10
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Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	..	26
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Maternal Mortality (including abortion):

Number of deaths	3
Rate per 1,000 total live and still births	0.21

OTHER EXTRACTS FROM VITAL STATISTICS OF THE YEAR

Deaths (all ages)	.. ..	6,511
Death Rate	.. ..	9.4
Deaths from Cancer (all ages)	.. ..	1,191
Deaths from Gastritis, Enteritis and Diarrhoea (under one year of age)	.. ..	2

For comparison purposes, similar statistics are given for England and Wales in the following table:

VITAL STATISTICS — 1967
ENGLAND AND WALES — PERSONS
Estimated Mid-Year Home Population 48,390,800
(*provisional data*)

	Number	Rate	
Live Births	832,000*	17.2	per 1,000 population
Stillbirths	12,500	14.8	per 1,000 total births
Deaths	542,519	11.2	per 1,000 population
Infant Mortality (deaths under 1 yr. of age)	15,267	18.3	per 1,000 live births
Neonatal Mortality (deaths under 4 wks. of age)	10,436	12.5	per 1,000 live births
Early Neonatal Mortality (deaths under 1 wk. of age)	8,947	10.8	per 1,000 live births
Perinatal Mortality (stillbirths and deaths under 1 wk. of age)	21,447	25.4	per 1,000 total births

* Estimated.

AREA AND POPULATION

The Administrative County of Staffordshire covers an area of 1,027 square miles and contains 10 rural districts, 9 urban districts and 3 municipal boroughs. Their populations in 1967 were:—

Municipal Boroughs	165,110
Urban Districts	252,190
Rural Districts	276,660
Total Administrative County	693,960

Staffordshire’s topography ranges from the flood plain of the Trent (at 150 feet above sea level near Burton) to the uplands of the Peak District (rising to heights of nearly 1,700 feet).

The County can, for convenience, be divided into 4 main areas—

- (1) the high gritstone moors and limestone areas of the north-east, a predominantly agricultural area with its centre at Leek, an old textile town;
- (2) the northern coalfield, an old industrial area based on coal-mining and ceramics;
- (3) the southern coalfield, a newer, initially nineteenth century industrial area which has continued to attract new industrial enterprises in the twentieth century;
- (4) the central belt of Triassic sandstone and Keuper marls, a mainly agricultural area (except for Cannock Chase) which has in the twentieth century seen industrial expansion—the market towns of Stafford, Uttoxeter, Rugeley and Lichfield.

In common with the rest of the country, rural areas in Stafford have static or falling populations whilst urban areas and urban fringe areas have been increasing in population. Of particular significance is the

area of South Staffordshire fringing the West Midlands Conurbation where the vibrant economy of the conurbation has created many new jobs leading to considerable population increases. Growth has been slower around the Potteries Conurbation.

The year 1967 has been the first full year with the Administrative County operating at its reduced size, following the loss of approximately one-third of the former County on 1st April, 1966, under the West Midlands Order 1965.

The Aldridge-Brownhills Urban Authority became a delegated authority with effect from 1st December, 1967.

The population figures as supplied by the Registrar General are primarily given for the calculation of death rates and the incidence of notifiable diseases. The figures are home populations (*i.e.* including members of the armed forces stationed in the area). Where a boundary change affected an Authority during 1967, the Registrar General has provided a special weighted average population figure for a more accurate calculation of birth and death rates.

Until 1940 Area Comparability Factors supplied by the Registrar General enabled the local death rates to be adjusted for comparison with the crude death-rate of the country as a whole or with the similarly adjusted rate of any other local area. From that year, however, and until 1948, the variety and magnitude of local population movements, and during the war years the uneven incidence of civilian war deaths, together combined to frustrate the attempt to secure such comparability. The factors to adjust local death-rates were, however, reintroduced in the 1949 Report, and are again included to adjust both birth and death rates.

In the following table the final census population of the Administrative County for 1966 and the estimated home population for mid-1967 are set out.

	<i>Census 1966</i>	<i>Estimated Population Mid-1967</i>
Urban	407,740	417,300
Rural	261,920	276,660
Totals	669,660	693,960

THE ADMINISTRATIVE COUNTY



CANCER

In the following table the deaths from Cancer during 1967, in age and sex groups, in the Urban and Rural Districts of the County are shown:—

Age Groups	URBAN DISTRICTS			RURAL DISTRICTS			Grand Total
	Male	Female	Total	Male	Female	Total	
0—	—	—	—	—	—	—	—
1—	1	1	2	—	3	3	5
5—	3	—	3	1	1	2	5
15—	3	—	3	1	—	1	4
25—	3	7	10	3	3	6	16
35—	14	23	37	8	10	18	55
45—	49	41	90	24	35	59	149
55—	98	80	178	60	52	112	290
65—	140	103	243	91	57	148	391
75—	73	85	158	59	59	118	276
TOTALS	384	340	724	247	220	467	1,191

As can be seen from the table the total number of deaths from all forms of cancer during 1967 was 1,191.

Year by year the total number of deaths from all forms of this disease increases. Owing to the extensive boundary changes during 1966, it is not possible to state definitely that the total number of deaths during the year 1967, (1,191) shows an increase on previous years, because comparisons are misleading having regard to loss of population and so forth. However, one can be fairly certain that the figure does represent an increase.

During 1967, this group of deaths accounted for 18.3% of the total civilian deaths in the County.

In considering the mortality from Cancer, one must bear in mind that the general mortality from all causes under the age of 45 has, over a long period, become steadily less. This means, therefore, that in every population there exists an increasing number of persons, of an age more susceptible to cancer than are younger persons, the statement being supported by the fact that whilst in 1920 48.6 per cent of the deaths from all causes were of persons under 45, the figure has gradually decreased in the subsequent years to 10.1 per cent in 1967.

The increasing number of deaths from cancer are an unwelcome reminder that all the known methods of reducing its onset must be rigorously pursued.

LUNG CANCER

The total number of lung cancer deaths in the County for 1967, was 261, or 22% of the total number of deaths from all forms of this disease. Of the 261 deaths, 223 were males and 38 were females, the percentage male deaths being 85%.

The following table shows the lung cancer deaths according to age grouping and sex.

Age Groups	URBAN DISTRICTS			RURAL DISTRICTS			Grand Total
	Male	Female	Total	Male	Female	Total	
0—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—
15—	1	—	1	—	—	—	1
25—	2	—	2	1	—	1	3
35	6	—	6	2	—	2	8
45	16	6	22	10	3	13	35
55—	43	6	49	29	4	33	82
65—	46	8	54	40	8	48	102
75 and over ..	15	2	17	12	1	13	30
TOTALS	129	22	151	94	16	110	261

The following has been extracted from “A Report on a Survey of Adults’ and Adolescents’ Smoking Habits and Attitudes” which was carried out on behalf of the Ministry of Health by the Government Social Survey, and illustrates the difficulties to be overcome in people’s attitudes towards the smoking habit.

“Since there are hardly any smokers who have not heard about the alleged lung cancer risk there is clearly no point in increased effort merely to inform the public. Effective communication here must be designed to counter the main sceptical defences of smokers or otherwise convince them that the hazard is one that does apply to themselves personally.

Apart from the outright scepticism about the causal link between smoking and against the acceptance of the personal risk, were arguments of the kind, ‘I don’t smoke enough to be affected’, and ‘I am healthy, others are ill, weak or predisposed’.

Among the beliefs about smoking and lung cancer we encountered four misconceptions which do not appear to be defensively held, in that non-smokers subscribe to them almost as much as smokers. The majority of the public believes that the experts differ amongst themselves about smoking and lung cancer, that doctors smoke as much as other people, that women have as much chance as men of contracting lung cancer and that lung cancer causes fewer

deaths than road accidents. The latter belief is particularly important for the support it gives for one of the logical defences against acceptance of the personal risk of lung cancer. Even where smokers are convinced of the causal connection with smoking, they can take the view that the chances of contracting the illness are too small to be worth worrying about. Since this as well as the three other erroneous beliefs appear to have their source in a widespread lack of information, rather than in defensive rationalisation, they should be easier to correct. Altering these beliefs may not solve the whole problem. But in so far as they are all in the direction of lowering the credence or importance attached to the lung cancer hazard, it could only aid the anti-smoking campaign if steps were taken to correct them."

SMOKING IN PUBLIC PLACES

The following is an extract from a statement made by the Minister of Health in the House of Commons:—

"The Government has considered the suggestions which have been made by many Hon. Members and others that steps should be taken to restrict smoking in such places as cinemas, theatres, restaurants, shops and offices. There is no doubt that many non-smokers feel great discomfort among people smoking in confined places. Breathing smoke-laden air may also aggravate the symptoms of people suffering from certain disabilities such as asthma or bronchitis, in some cases to the extent that they are forced to avoid places or situations in which high concentrations of tobacco smoke might occur, *e.g.* in cinemas. Also, people who have given up smoking or are trying to do so, are subjected to strong group pressure towards smoking if they sit for any length of time in the vicinity of those who are smoking. The number of non-smokers has increased substantially in recent years and they now constitute about 46 per cent of the adult population. Surveys have also shown that even among smokers a substantial minority favour a ban on smoking in cinemas, restaurants and theatres.

The Government feel that it would not be appropriate to seek powers for compulsory restrictions on smoking in such places, but that the proprietors should consider the interests and wishes of their clients and customers in the light of the considerations which I have mentioned, and act accordingly. 'No Smoking' notices have been displayed and respected by the public on a voluntary basis for many years in some big department stores, most concert halls and many theatres. The Government urges other proprietors to consider extending this practice by asking the public not to smoke on their premises or by setting aside parts of large premises such as restaurants, for non-smokers."

Following this the Ministry urged local authorities (particularly those operating transport services) to consider providing separate facilities for non-smokers where appropriate and to generally review the question of smoking in premises administered by the Authority.

In accordance with this request, the Health Committee decided that "No Smoking" notices should be displayed in all Infant Welfare Centres administered by the Health Department and this, in fact, has been put into operation.

CERVICAL AND BREAST CANCER

Deaths from these forms of the disease during 1967 numbered 168, deaths from breast cancer being 125 and deaths from cancer of the uterus being 43. The corresponding figures for 1966 were 136 breast and 56 uterus.

These figures represent a reduction in the number of deaths from breast cancer (11) and uterus (13) for the Administrative County for 1967. This is a welcome sign and it is hoped that if this department's Cervical Cytology Service, which includes a breast examination, continues to expand, further reductions in this type of death could be achieved. For further information on the Cervical Cytology Service, please see separate section of this report dealing specifically with this service.

TUBERCULOSIS

The following table shows new cases of tuberculosis notified during 1967 within the County Districts, and deaths from the disease, classified according to age and sex:—

1967				NEW CASES				DEATHS			
AGE PERIODS				Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
				M.	F.	M.	F.	M.	F.	M.	F.
0—	..	..	..	—	—	—	1	1	—	—	—
1—	..	..	..	1	1	—	—	—	—	1	—
2—	..	..	..	3	2	—	—	—	—	—	—
5—	..	..	..	1	1	—	—	—	—	—	—
10—	..	..	..	1	—	—	—	—	—	—	—
15—	..	..	..	—	3	1	1	—	—	—	—
20—	..	..	..	5	4	—	1	—	—	—	—
25—	..	..	..	6	5	2	3	1	—	—	—
35—	..	..	..	7	4	2	4	—	1	—	—
45—	..	..	..	11	1	—	—	—	—	—	—
55—	..	..	..	9	1	1	—	2	1	—	—
65—	..	..	..	4	1	2	2	4	1	—	1
75 and upwards	..	..	..	2	1	—	—	2	2	1	—
Age unknown	..	..	..	—	—	—	—	—	—	—	—
TOTALS	..	..	..	50	24	8	12	10	5	2	1

During 1967, 14 deaths occurred from pulmonary tuberculosis and one from other forms of this disease, the death-rates being 0.2 and 0.00 respectively.

REGISTERS OF DISTRICT MEDICAL OFFICERS OF HEALTH

At the end of the year the following cases were included in the registers of the Medical Officers for the reduced County:—

TOTAL CASES	PULMONARY			NON-PULMONARY		
	M.	F.	Total	M.	F.	Total
3,690	1,675	1,330	3,005	333	352	685

The figures given above indicate that in 1967 there was one case of tuberculosis in every 188 persons, or 5.4 per 1,000 of the population.

The following table gives particulars of primary notifications of tuberculosis notified in the Administrative County each year since 1918, together with the case-rates per 1,000 of the estimated population. Only from 1946 is it possible to divide these figures to show numbers of respiratory and non-respiratory notifications, and the appropriate case-rates are given:—

Year	PRIMARY NOTIFICATIONS			CASE RATE PER 1,000 OF THE POPULATION		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1918			856			1.37
1919			699			1.04
1920			642			0.92
1921			929			1.29
1922			971			1.37
1923			1,029			1.45
1924			974			1.36
1925			1,232			1.71
1926			1,400			1.93
1927			1,106			1.55
1928			1,194			1.68
1929			1,017			1.43
1930			1,021			1.44
1931			1,129			1.59
1932			1,074			1.50
1933			1,011			1.41
1934			929			1.29
1935			825			1.14
1936			831			1.14
1937			858			1.16
1938			789			1.05
1939			726			0.95
1940			669			0.88
1941			788			1.01
1942			830			1.07
1943			841			1.09
1944			798			1.03
1945			769			1.00
1946	636	139	775	0.80	0.17	0.97
1947	681	132	813	0.84	0.16	1.00
1948	728	124	852	0.88	0.15	1.03
1949	713	124	837	0.85	0.15	1.00
1950	706	101	807	0.83	0.12	0.95
1951	778	123	901	0.91	0.14	1.05
1952	712	93	805	0.83	0.11	0.94
1953	864	94	958	1.00	0.11	1.10
1954	709	99	808	0.81	0.11	0.92
1955	620	76	696	0.70	0.09	0.78
1956	568	55	623	0.63	0.06	0.69
1957	527	53	580	0.57	0.06	0.63
1958	469	54	533	0.56	0.06	0.62
1959	417	38	455	0.44	0.04	0.48
1960	378	37	415	0.39	0.04	0.43
1961	341	42	383	0.34	0.04	0.39
1962	283	59	342	0.28	0.06	0.34
1963	276	45	321	0.27	0.04	0.31
1964	263	48	311	0.25	0.05	0.30
1965	230	43	273	0.21	0.04	0.25
*1966	117	16	133	0.17	0.02	0.20
1967	74	20	94	0.08	0.02	0.10

* reduced County came into operation.

The table below shows the death-rates from tuberculosis in the Urban and Rural Districts of the County from 1940:—

YEAR	DEATH RATE PER 1,000 OF THE POPULATION			
	Pulmonary Tuberculosis		Other forms of Tuberculosis	
	Urban	Rural	Urban	Rural
1940	0.51	0.29	0.11	0.06
1941	0.57	0.33	0.16	0.14
1942	0.52	0.34	0.13	0.10
1943	0.55	0.29	0.11	0.07
1944	0.52	0.25	0.10	0.07
1945	0.56	0.22	0.11	0.09
1946	0.49	0.28	0.08	0.06
1947	0.47	0.28	0.09	0.07
1948	0.51	0.33	0.07	0.05
1949	0.45	0.22	0.06	0.03
1950	0.39	0.20	0.06	0.06
1951	0.37	0.12	0.05	0.04
1952	0.27	0.07	0.04	0.04
1953	0.19	0.10	0.04	0.00
1954	0.18	0.13	0.04	0.03
1955	0.10	0.04	0.01	0.01
1956	0.13	0.07	0.01	0.00
1957	0.10	0.01	0.01	0.01
1958	0.09	0.05	0.01	0.01
1959	0.09	0.06	0.01	0.01
1960	0.07	0.04	0.01	0.01
1961	0.05	0.05	0.01	0.00
1962	0.06	0.03	0.00	0.01
1963	0.05	0.04	0.01	0.01
1964	0.03	0.01	0.00	0.01
1965	0.03	0.03	0.00	0.00
*1966	0.05	0.02	0.00	0.00
1967	0.01	0.00	0.00	0.00

* reduced County came into operation.

Statistics relating to Tuberculosis during 1967 again shows a happy decline. See other sections of Report for more information concerning T.B.

TABLE SHOWING CHIEF CAUSES OF DEATH

<i>Condition</i>	<i>Number of Deaths</i>
Heart Disease	2,130
Cancer	1,191
Vascular lesions of nervous system	985
Pneumonia	359
Bronchitis	337
Other Circulatory Disease	293
Accidents (General)	114
Motor Vehicle Accidents	113
Congenital Malformations	72
Other diseases of Respiratory System ..	66
Diabetes	66
Ulcer of Stomach and Duodenum	44
TOTAL	<u>5,770</u>
Total number of deaths from <i>all</i> causes ..	<u>6,511</u>
The numbers of deaths listed above represent 88.6 per cent of the total deaths.	

BIRTHS

The number of births in the Administrative County amounted to 14,223, the number in the Urban Districts being 8,538 and in the Rural Districts 5,685.

LIVE BIRTH-RATE PER 1,000 OF POPULATION														
DISTRICTS	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	1964	1965	1966	1967
Staffordshire { Combined Urban and Rural .. Urban .. Rural ..	24.0	24.1	20.2	17.6	17.1	18.3	19.9	16.2	16.2	18.2	19.3	19.9	20.2	20.2
	25.0	25.0	20.7	18.1	17.5	18.9	20.4	16.4	16.3	18.2	19.4	19.6	19.9	20.1
	21.6	22.0	19.0	16.6	15.7	16.7	18.5	15.6	15.9	17.9	18.8	20.6	20.7	20.2
England and Wales ..	20.4	21.3	17.8	15.6	14.9	15.2	18.2	15.8	15.7	17.4	18.4	17.2	17.7	17.2

DEATHS

The number of deaths in the Administrative County amounted to 6,511, the number in the Urban Districts being 3,948 and in the Rural Districts 2,563.

DEATH-RATE PER 1,000 OF POPULATION														
DISTRICTS	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	1964	1965	1966	1967
{ Staffordshire Urban .. Rural ..	15.0	12.3	11.4	11.6	11.3	11.2	10.4	10.5	10.5	10.0	9.6	9.7	10.3	9.4
	15.5	12.6	11.5	11.8	11.3	11.2	10.4	10.7	10.5	10.0	9.6	9.6	10.5	9.5
	13.8	11.6	11.2	11.2	11.2	11.0	10.4	10.0	10.3	9.9	9.4	9.8	9.8	9.3
England and Wales ..	15.2	12.5	12.0	12.3	11.9	12.6	11.5	11.7	11.6	11.8	11.3	11.9	11.7	11.2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1967 IN THE
ADMINISTRATIVE COUNTY OF STAFFORDSHIRE.

Aggregate of Urban Districts.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Tuberculosis, Respiratory ...	M	5	-	-	-	-	-	1	-	-	-	4	-
	F	5	-	-	-	-	-	-	1	-	1	1	2
Tuberculosis, Other ...	M	2	-	-	1	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic Disease ...	M	4	-	-	-	-	-	-	1	1	-	2	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
Other Infective and Parasitic Diseases ...	M	2	-	-	1	-	-	-	-	1	-	-	-
	F	6	1	1	-	-	-	-	-	1	-	1	2
Malignant Neoplasm, Stomach ...	M	70	-	-	-	-	-	-	2	8	19	28	13
	F	52	-	-	-	-	-	-	2	4	11	18	17
Malignant Neoplasm, Lung, Bronchus ...	M	129	-	-	-	-	1	2	6	16	43	46	15
	F	22	-	-	-	-	-	-	-	6	6	8	2
Malignant Neoplasm, Breast...	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	74	-	-	-	-	-	5	6	13	19	14	17
Malignant Neoplasm, Uterus	F	27	-	-	-	-	-	1	5	4	6	7	4
Other Malignant and Lym- phatic Neoplasms ...	M	184	-	-	1	3	2	1	6	25	36	65	45
	F	165	-	-	1	-	-	1	10	14	38	56	45
Leukaemia, Aleukaemia ...	M	7	-	-	2	-	1	-	-	2	1	1	-
	F	10	-	-	-	1	-	1	-	1	1	3	3
Diabetes ...	M	18	-	-	-	-	-	1	2	-	-	9	6
	F	28	-	-	-	-	-	-	-	-	4	10	14
Vascular Lesions of Nervous System ...	M	254	-	-	-	-	-	1	7	17	32	88	109
	F	354	-	-	-	1	-	1	2	11	33	100	206
Coronary Disease, Angina ...	M	484	-	-	-	-	-	1	24	52	136	149	122
	F	332	-	-	-	-	-	-	3	12	48	98	171
Hypertension with Heart Disease ...	M	33	-	-	-	-	-	-	-	1	11	11	10
	F	38	-	-	-	-	-	-	-	1	5	9	23
Other Heart Disease ...	M	158	-	-	-	-	-	2	5	16	18	38	79
	F	248	-	-	-	-	-	2	7	10	21	52	156
Other Circulatory Disease ...	M	85	-	-	-	-	1	-	1	2	18	23	40
	F	89	-	-	-	-	-	-	1	2	3	19	64
Influenza ...	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia ...	M	90	4	11	1	-	1	-	-	5	11	20	37
	F	98	9	8	1	-	-	3	1	1	9	16	50
Bronchitis ...	M	156	-	1	-	-	-	-	2	9	32	56	56
	F	60	0	1	1	-	-	-	-	2	7	15	34
Other Diseases of Respiratory System ...	M	32	-	-	1	-	-	-	2	3	4	17	5
	F	13	-	-	-	-	1	-	-	2	1	2	7
Ulcer of Stomach and Duodenum ...	M	19	-	-	-	-	-	-	-	1	5	4	9
	F	7	-	-	-	-	-	-	-	-	1	3	3
Gastritis, Enteritis and Diarrhoea ...	M	8	-	2	-	-	-	-	1	1	1	1	2
	F	11	-	-	-	-	-	-	-	-	1	6	4
Nephritis and Nephrosis ...	M	6	-	-	-	-	-	-	-	1	2	2	1
	F	14	-	-	-	-	-	1	2	1	1	5	4
Hyperplasia of Prostate Pregnancy, Childbirth, Abortion ...	M	12	-	-	-	-	-	-	-	-	-	1	11
	F	2	-	-	-	-	-	1	1	-	-	-	-
Congenital Malformations ...	M	28	11	8	2	1	1	2	1	-	1	1	-
	F	20	9	4	1	1	-	-	-	1	2	2	-
Other Defined and Ill-defined Diseases ...	M	149	47	4	3	4	-	2	2	8	23	22	34
	F	171	29	2	3	1	1	3	9	9	18	40	56
Motor Vehicle Accidents ...	M	47	-	-	1	4	17	6	3	1	8	7	-
	F	18	-	-	3	1	2	2	-	2	4	3	1
All Other Accidents ...	M	36	-	1	4	2	2	1	5	12	2	3	4
	F	36	1	4	-	-	-	2	-	3	3	4	19
Suicide ...	M	10	-	-	-	-	-	-	5	-	2	2	1
	F	11	-	-	-	-	1	1	1	5	1	2	-
Homicide and Operations of War ...	M	1	-	-	-	-	-	-	1	-	-	-	-
	F	3	-	-	1	-	1	-	-	-	1	-	-
TOTAL ALL CAUSES ...	M	2,031	62	27	17	14	26	20	76	182	4205	601	601
	F	1,917	49	20	11	5	6	24	51	105	245	496	905

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1967 IN THE
ADMINISTRATIVE COUNTY OF STAFFORDSHIRE.

Aggregate of Rural Districts.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Tuberculosis, Respiratory ...	M	4	-	-	-	-	-	-	-	-	2	-	2
	F	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis, Other ...	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Syphilitic Disease ...	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases ...	M	1	-	-	1	-	-	-	-	-	-	-	-
	F	2	-	-	-	1	-	-	-	-	-	-	1
Malignant Neoplasm, Stomach ...	M	41	-	-	-	-	-	-	1	3	7	13	17
	F	26	-	-	-	-	-	-	1	1	8	9	7
Malignant Neoplasm, Lung, Bronchus ...	M	94	-	-	-	-	-	1	2	10	29	40	12
	F	16	-	-	-	-	-	-	-	3	4	8	1
Malignant Neoplasm, Breast..	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	49	-	-	-	-	-	2	3	8	18	8	10
Malignant Neoplasm, Uterus	F	16	-	-	-	-	-	-	1	5	4	2	4
Other Malignant and Lym- phatic Neoplasms ..	M	111	-	-	-	1	1	2	5	11	23	38	30
	F	113	-	-	3	1	-	1	5	18	18	30	37
Leukaemia, Aleukaemia ..	M	8	-	1	-	1	-	1	1	-	-	2	2
	F	9	-	-	1	1	1	1	-	-	2	2	1
Diabetes ...	M	4	-	-	-	-	-	-	-	-	3	-	1
	F	16	-	-	-	-	-	-	-	-	1	3	12
Vascular Lesions of Nervous System ...	M	177	-	-	-	1	1	-	2	5	36	55	77
	F	200	-	-	-	-	1	1	1	4	27	58	108
Coronary Disease, Angina ...	M	334	-	-	-	-	-	-	9	32	86	115	92
	F	244	-	-	-	-	-	1	2	10	26	62	143
Hypertension with Heart Disease ...	M	15	-	-	-	-	-	-	1	2	4	7	1
	F	19	-	-	-	-	-	-	-	1	3	4	11
Other Heart Disease ...	M	90	-	-	1	-	-	-	-	4	13	18	54
	F	135	-	-	-	-	1	1	1	4	6	21	101
Other Circulatory Disease ...	M	57	-	-	-	-	-	-	2	1	9	14	31
	F	62	-	-	-	-	-	-	1	1	2	18	40
Influenza ...	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	-	1	1
Pneumonia ...	M	89	1	6	2	1	2	1	-	2	7	19	48
	F	82	-	4	1	-	1	-	1	1	3	22	49
Bronchitis ...	M	81	-	1	-	-	-	1	2	2	26	31	18
	F	40	-	1	-	-	1	1	-	4	4	8	21
Other Diseases of Respiratory System ...	M	12	-	-	-	-	-	-	-	-	3	6	3
	F	9	-	-	-	-	-	-	1	-	2	-	6
Ulcer of Stomach and Duodenum ...	M	11	-	-	-	-	-	-	-	-	4	3	4
	F	7	-	-	-	-	-	-	1	-	-	3	3
Gastritis, Enteritis and Diarrhoea ...	M	3	-	-	1	-	-	-	-	1	-	-	1
	F	6	-	-	1	-	-	-	-	1	1	1	2
Nephritis and Nephrosis ...	M	8	-	-	-	-	-	-	-	2	2	1	3
	F	7	-	-	-	-	-	1	1	-	1	1	3
Hyperplasia of Prostate ...	M	9	-	-	-	-	-	-	-	-	-	3	6
Pregnancy, Childbirth, Abortion ...	F	1	-	-	-	-	1	-	-	-	-	-	-
Congenital Malformations ...	M	12	9	2	-	-	1	-	-	-	-	-	-
	F	12	6	3	1	1	-	-	-	-	1	-	-
Other Defined and Ill-defined Diseases ...	M	104	32	2	1	1	2	2	7	4	13	14	26
	F	110	8	1	2	2	-	1	4	7	11	18	56
Motor Vehicle Accidents ...	M	41	-	-	2	2	13	9	3	3	4	2	3
	F	7	-	-	-	2	-	1	1	-	-	1	2
All Other Accidents ...	M	25	1	2	2	-	2	1	5	4	4	1	3
	F	17	-	2	-	1	-	-	2	2	-	1	9
Suicide ...	M	12	-	-	-	-	-	1	3	2	3	2	1
	F	5	-	-	-	-	-	1	1	1	1	-	1
Homicide and Operations of War ...	M	2	-	-	1	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES ...	M	1,350	43	14	11	7	22	19	43	89	280	386	436
	F	1,213	14	11	9	9	6	12	27	71	143	282	629

Table showing Population, Number of Persons per acre, Birth and Death-rates at all ages and among Children under 1 year, and Death rates from Tuberculosis, Diseases of the Respiratory Organs, etc.

URBAN

DISTRICT	Population at all ages		Number of persons per acre	Crude Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 total births	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Perinated Mortality rate per 1,000 total births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Death Rate per 1,000 Population							
	Census 1966	Estimated 1967									Tuberculosis	Hypertension with Heart Disease	Malignant Neoplasm	Bronchitis	Pneumonia	Other Disease of Respiratory System	Nephritis and Nephrosis	Congenital Malformation
Aldridge-Brownhills	82,780	84,780	6.4	21.9	16.4	16.0	7.1	12.1	29.0	20.0	0.04	0.2	1.4	0.5	0.3	0.1	0.1	0.1
Biddulph	16,100	16,230	2.4	18.9	17.4	22.0	7.1	10.2	29.0	13.0	—	—	0.7	0.4	0.4	0.2	—	0.1
Cannock	51,980	52,030	4.7	19.6	19.0	23.0	9.7	10.8	23.0	18.0	—	0.2	1.7	0.7	0.3	0.1	0.1	0.1
Kidsgrove	21,440	21,970	5.3	18.8	16.9	26.0	9.1	13.7	33.0	19.0	—	0.1	0.9	0.5	0.2	0.2	0.1	0.04
Leek	19,230	19,100	4.4	14.7	16.2	7.0	15.0	12.6	21.0	32.0	—	0.2	3.0	0.9	1.1	0.1	0.1	0.1
Lichfield	19,690	22,100	6.1	23.9	21.5	15.0	7.8	8.0	22.0	11.0	—	0.1	1.5	0.3	0.4	0.1	—	—
Newcastle	75,790	77,950	8.8	16.6	15.8	11.0	10.7	13.3	23.0	23.0	0.04	0.1	2.1	0.5	0.7	0.1	0.04	0.2
Rugeley	17,240	16,850	5.9	29.4	26.5	12.0	7.5	11.7	22.0	20.0	—	0.2	0.9	0.8	0.6	0.1	—	0.1
Stafford	51,480	52,560	10.3	18.8	18.4	11.0	10.9	10.4	20.0	20.0	0.02	0.2	1.9	0.5	0.7	0.1	0.1	0.1
Stone	10,210	10,280	5.2	18.4	18.8	31.0	13.9	11.8	51.0	37.0	—	0.3	2.3	0.4	0.2	0.1	—	0.3
Tamworth	32,910	34,600	4.5	25.1	23.6	20.0	8.8	10.1	28.0	8.0	0.1	0.2	1.6	0.3	0.2	0.1	0.03	0.1
Uttoxeter	8,890	8,850	2.6	17.3	17.0	32.0	10.4	11.6	32.0	7.0	—	0.1	1.7	0.5	0.5	0.1	—	—
Totals and Averages	407,740	417,300	5.7	20.1	18.3	17.0	9.5	11.6	28.0	19.0	0.02	0.2	1.4	0.5	0.4	0.1	0.05	0.1

RURAL

DISTRICT	Population at all ages		Mean area per person in acres	Crude Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 total births	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Perinatal Mortality rate per 1,000 total births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Death Rate per 1,000 Population							
	Census 1966	Estimated 1967									Tuberculosis Respiratory	Hypertension with Heart Disease	Malignant Neoplasm	Bronchitis	Pneumonia	Other Diseases of Respiratory System	Nephritis and Nephrosis	Congenital Malformations
Cannock ..	36,900	41,270	1.4	25.5	21.4	18.0	7.7	11.4	28.0	15.0	0.02	0.2	1.4	0.5	0.4	0.1	0.1	0.02
Cheadle ..	34,670	38,560	1.6	17.5	17.5	16.0	11.9	11.4	19.0	7.0	—	0.2	1.8	0.5	1.1	0.1	0.1	0.1
Leek ..	13,160	13,550	5.3	18.4	18.8	24.0	9.3	11.0	31.0	8.0	0.1	0.1	2.4	0.3	0.1	0.1	—	—
Lichfield ..	49,900	49,070	1.7	26.5	25.4	12.0	10.8	10.7	27.0	24.0	—	0.1	1.3	0.4	1.3	0.1	0.04	0.2
Newcastle ..	18,260	20,190	1.9	12.4	11.9	20.0	11.1	12.0	35.0	28.0	0.1	0.1	2.3	0.6	0.4	0.2	0.1	—
Seisdon ..	36,540	38,060	1.1	18.2	15.1	13.0	7.8	10.8	20.0	12.0	0.03	0.1	1.7	0.4	0.3	—	0.1	0.1
Stafford ..	19,290	21,380	3.7	18.2	17.8	13.0	6.3	8.0	13.0	3.0	—	0.1	1.1	0.2	0.1	0.04	0.04	0.1
Stone ..	20,630	20,290	3.0	16.9	16.1	14.0	9.9	11.6	17.0	9.0	—	0.1	2.2	0.6	0.6	0.05	0.1	0.1
Tutbury ..	21,550	22,780	1.4	21.3	20.9	10.0	7.8	10.1	12.0	10.0	—	0.1	1.7	0.4	0.4	0.1	0.1	0.1
Uttoxeter ..	11,020	11,510	4.9	14.0	17.2	6.0	8.3	9.7	30.0	25.0	—	0.1	2.3	0.3	0.3	0.1	—	0.1
Totals and Averages ..	261,920	276,660	2.1	20.2	19.0	14.0	9.3	10.9	23.0	15.0	0.02	0.1	1.8	0.4	0.5	0.9	0.07	0.08

Deaths occurring during the year 1967 classified according to Diseases and Localities, together with Births occurring during the year. .

URBAN

DISTRICT	Live Births	Still Births	Deaths from all causes	Deaths 4 weeks and under one year	Deaths under 4 weeks	Tuberculosis, Respiratory	Tuberculosis, other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm					Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War
															Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms																						
Aldridge-Brownhills ..	1860	31	602	12	26	3	1	2	-	-	-	-	-	1	20	21	15	3	56	2	5	72	136	18	48	15	-	25	42	10	3	1	4	2	-	11	54	13	12	7	-
Biddulph ..	307	7	115	1	3	-	-	-	-	-	-	-	-	1	1	3	2	1	4	-	2	21	15	-	18	11	-	6	6	4	-	2	-	1	7	1	8	-	-		
Cannock ..	1020	24	503	-	18	-	-	-	-	-	-	-	-	2	13	16	8	2	47	1	10	88	86	12	66	24	-	14	36	3	6	-	3	3	1	7	44	6	5	-	-
Kidsgrove ..	414	11	200	5	3	-	-	-	-	-	-	-	-	-	10	6	2	7	17	4	3	36	55	2	9	4	1	3	11	4	1	1	2	-	1	12	4	4	1	-	
Leek ..	280	2	287	4	5	-	-	-	-	-	-	-	-	1	11	11	5	-	30	1	2	46	56	3	24	11	-	21	18	2	3	1	2	1	2	27	4	4	1	1	
Lichfield ..	529	8	172	2	4	-	-	1	-	-	-	-	-	-	4	5	7	-	17	-	1	22	23	2	16	17	-	9	7	3	1	-	-	-	27	8	-	2	-		
Newcastle ..	1295	14	833	10	20	3	-	1	-	-	-	-	-	1	24	37	20	8	77	6	8	120	190	9	79	29	-	51	36	11	1	5	3	3	-	15	60	10	18	6	2
Rugeley ..	495	6	127	4	6	-	-	-	-	-	-	-	-	-	3	3	1	2	7	-	4	13	25	3	15	1	-	10	13	1	-	2	-	-	2	15	3	2	1	-	
Stafford ..	986	11	57	7	13	1	1	1	-	-	-	-	-	1	17	30	7	3	45	3	6	78	110	11	83	23	1	35	27	3	6	3	4	1	-	4	41	10	14	1	1
Stone ..	189	6	143	1	6	-	-	-	-	-	-	-	-	-	5	2	2	-	15	-	3	30	28	3	20	4	-	2	4	1	2	3	-	-	3	14	1	-	1	-	
Tamworth ..	869	18	304	-	7	3	-	1	-	-	-	-	-	1	10	11	5	-	30	-	1	60	70	6	18	31	-	8	12	2	2	1	1	1	2	17	5	4	-	-	
Uttoxeter ..	151	5	91	1	-	-	-	-	-	-	-	-	-	-	3	6	1	1	4	-	1	22	22	1	10	4	-	4	4	1	1	1	1	-	-	2	-	1	1	-	
TOTALS ..	8395	143	3948	47	111	10	2	6	-	-	-	-	-	8	121	151	75	21	349	17	46	608	816	70	406	174	2	188	216	45	26	19	20	12	2	48	320	65	72	21	4

RURAL

DISTRICT	Live Births	Still Births	Deaths from all causes	Deaths 4 weeks and under one year	Deaths under 4 weeks	Tuberculosis, Respiratory	Tuberculosis, other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm					Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	
															Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms																							
Cannock ..	1054	19	317	5	11	1	—	—	—	—	—	—	—	—	1	12	6	9	4	28	2	—	43	62	7	36	15	—	15	19	2	5	—	2	2	1	1	28	5	9	2	—
Cheadle ..	675	11	459	2	3	—	—	1	—	—	—	—	—	—	—	12	17	7	1	33	5	7	70	90	6	57	17	1	44	20	2	1	5	2	1	—	3	39	8	9	1	—
Leek ..	249	6	126	—	2	1	—	—	—	—	—	—	—	—	—	5	7	5	1	14	—	4	22	31	1	7	7	—	2	4	1	—	—	1	—	—	7	3	1	2	—	
Lichfield ..	1302	16	524	7	24	—	—	—	—	—	—	—	—	—	—	4	15	8	2	34	3	3	58	166	6	24	24	—	63	21	6	3	—	2	4	—	11	54	10	6	2	—
Newcastle ..	251	5	224	2	5	1	—	—	—	—	—	—	—	—	—	7	13	6	1	20	—	—	37	53	3	11	14	2	8	12	5	2	—	2	—	—	—	18	3	3	2	1
Seisdon ..	693	9	298	3	5	1	1	—	—	—	—	—	—	—	—	11	14	8	1	29	5	3	45	58	4	24	14	—	12	16	—	2	2	2	—	2	29	6	6	2	1	
Stafford ..	389	5	135	—	1	—	—	—	—	—	—	—	—	—	—	3	6	1	—	14	—	1	29	29	2	16	4	—	3	4	1	1	1	1	—	2	11	3	1	2	—	
Stone ..	342	5	201	2	1	—	—	1	—	—	—	—	—	—	—	9	11	2	2	21	2	—	37	40	2	12	12	—	12	13	1	3	1	2	—	2	9	2	2	3	—	
Tutbury ..	485	5	178	4	1	—	—	1	—	—	—	—	—	—	—	2	12	3	3	18	—	1	20	35	2	25	7	—	8	8	2	—	—	2	1	—	2	15	7	3	1	—
Uttoxeter ..	163	1	96	—	4	—	—	—	—	—	—	—	—	—	2	2	9	1	1	13	—	1	16	14	1	13	5	—	4	4	1	1	—	—	—	1	4	1	2	—	—	
TOTALS ..	5603	82	2563	25	57	4	1	3	—	—	—	—	—	—	3	67	110	50	16	224	17	20	377	578	34	225	119	3	171	121	21	18	9	15	9	1	24	214	48	42	17	2

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year ended 31st December, 1967, and the Attack-Rates per 1,000 of the population.

URBAN

DISTRICT	Estimated Population 1967 for calculating rates	Smallpox		Typhoid		Para- Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Polio	
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Aldridge/ Brownhills ..	84,780	—	—	—	—	1	0.01	111	1.3	65	0.8	—	—	2	0.02	636	7.5	4	0.1	1	0.01	—	—
Biddulph ..	16,230	—	—	—	—	—	—	2	0.1	19	1.2	—	—	—	—	112	6.9	2	0.1	—	—	—	—
Cannock ..	52,030	—	—	—	—	—	—	32	0.6	25	0.5	—	—	—	—	622	12.0	4	0.1	—	—	—	—
Kidsgrove ..	21,970	—	—	—	—	—	—	3	0.1	32	1.5	—	—	—	—	103	4.7	—	—	—	—	—	—
Leek ..	19,100	—	—	—	—	—	—	6	0.3	44	2.3	—	—	—	—	439	23.0	18	0.9	1	0.1	—	—
Lichfield ..	22,100	—	—	—	—	—	—	6	0.3	6	0.3	—	—	1	0.04	388	17.6	2	0.1	1	0.04	—	—
Newcastle ..	77,950	—	—	—	—	—	—	27	0.3	39	0.5	—	—	1	0.01	1087	13.0	33	0.4	3	0.04	—	—
Rugeley ..	16,850	—	—	—	—	—	—	—	—	2	0.1	—	—	—	—	147	8.7	—	—	—	—	—	—
Stafford ..	52,560	—	—	—	—	—	—	24	0.5	83	1.6	—	—	—	—	725	13.8	1	0.02	—	—	—	—
Stone ..	10,280	—	—	—	—	—	—	—	—	—	—	—	—	—	—	69	6.7	—	—	—	—	—	—
Tamworth ..	34,600	—	—	—	—	—	—	3	0.1	2	0.1	—	—	—	—	240	6.9	1	0.02	—	—	—	—
Uttoxeter ..	8,850	—	—	—	—	—	—	5	0.6	—	—	—	—	—	—	39	4.4	—	—	—	—	—	—

RURAL

DISTRICT	Estimated Population 1967 for calculating rates	Smallpox		Typhoid		Para- Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Polio	
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Cannock ..	41,270	-	-	-	-	-	-	1	0.02	27	0.7	-	-	-	-	816	19.8	1	0.02	-	-	-	-
Cheadle ..	38,560	-	-	-	-	-	-	7	0.2	71	1.8	-	-	1	0.02	493	12.9	2	0.1	-	-	-	-
Leek ..	13,550	-	-	-	-	-	-	13	1.0	12	0.9	-	-	-	-	365	26.9	5	0.4	-	-	-	-
Lichfield ..	49,070	-	-	-	-	1	0.02	21	0.4	15	0.3	-	-	1	0.02	458	9.3	10	0.2	-	-	-	-
Newcastle ..	20,190	-	-	-	-	-	-	24	1.2	42	2.1	-	-	-	-	291	14.4	-	-	-	-	-	-
Seisdon ..	38,060	-	-	-	-	-	-	10	0.3	20	0.5	-	-	-	-	321	8.4	4	0.1	-	-	-	-
Stafford ..	21,380	-	-	-	-	-	-	4	0.2	2	0.1	-	-	-	-	81	3.8	2	0.1	-	-	-	-
Stone ..	20,290	-	-	-	-	-	-	1	0.04	16	0.8	-	-	2	0.1	313	15.4	2	0.1	-	-	-	-
Tutbury ..	22,780	-	-	-	-	-	-	2	0.1	10	0.4	-	-	-	-	271	11.9	1	0.1	-	-	-	-
Uttoxeter ..	11,510	-	-	-	-	-	-	11	1.0	3	0.3	-	-	1	0.1	67	5.8	-	-	1	0.1	-	-

SECTION III

LOCAL HEALTH SERVICES

ADAPTATIONS OF HOMES FOR INSTALLATION OF ARTIFICIAL KIDNEY MACHINES

Having regard to the gradually increasing use of artificial kidney machines in patients' homes for the treatment of chronic renal failure, the County Council has made arrangements to provide assistance in the adaptation of homes to enable a machine to be installed.

Hospital Authorities will provide and maintain the intermittent haemodialysis (artificial kidney) equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. Hospital Authorities do not, however, have powers to make adaptations to the home, this being the responsibility of the local health authority.

A patient being treated at home will need a room with space for a single bed and the dialysis equipment and a sink with a good supply of water; the walls and ceiling of the room should be made crack-free and washable. Special storage space for one month's supply of sterile dressing and of containers of concentrated fluids will be needed and the premises may also require special electrical wiring, plumbing to the sink and waterproof floor covering.

An artificial kidney unit is operating at the Queen Elizabeth Hospital, Birmingham, and a further unit is to be established at the North Staffs. Royal Infirmary. It is estimated that the number of County residents who attend the units, who will be suitable for intermittent haemodialysis in the home, will be about one every two months.

The estimated average cost of the installation of a machine will probably be in the region of £50/£100 although the cost depends on the facilities existing at the patient's home. In appropriate cases, a proportion of the cost may be recovered from the patient.

It usually takes 4 to 6 weeks to train patients to use home dialysis equipment and it is desirable that they should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their intake of new patients. Hospital authorities have been asked to give local authorities not less than 4 weeks' notice of the intention to treat a patient in his or her own home.

ADMISSION OF CHRONIC SICK TO HOSPITAL

During the year the number of cases referred by general practitioners was 533, the object being to achieve the best means of using the beds available for the treatment of the chronic sick.

The figures for 1967 are probably not a true reflection of the movement of chronic sick cases since, following the appointment of a Geriatrician Consultant by the Stafford Hospital Management Committee, a number of cases are referred by the general practitioners direct to the Consultant. No doubt this practice will increase in the future.

In addition, family doctors in the fringe areas of the County arrange for their patients to be admitted to chronic sick hospital accommodation outside the County, and the cases are not notified to the Area Medical Officers.

The following are the general (known) statistics relating to chronic sick cases.

1. Of the total referrals, the following action was taken:—

(a)	Admitted to Chronic Sick Hospital accommodation	..	340
(b)	Mental Hospitals	.. .. .	4
(c)	Part III Accommodation	.. .. .	24
(d)	General Hospitals	.. .. .	16
(e)	Died prior to admission	.. .. .	60
(f)	Hermitage Convalescent	.. .. .	1
(g)	Application Cancelled	.. .. .	11
(h)	Temporary stays	.. .. .	17
(i)	Referred to Bucknall Hospital	.. .. .	3
(j)	Patient refused admission	.. .. .	8
(k)	Transferred to other hospitals	.. .. .	1
2. Of the above figures, in 303 cases the County Council Services were of some assistance prior to the various courses of action being taken.
3. Of the total referrals, 131 cases were cared for at home and assistance was given in accordance with the following:—

(a)	Nursing	.. .. .	47
(b)	Domestic Help	.. .. .	33
(c)	Social Welfare	.. .. .	4
(d)	Nursing and Domestic Help	.. .. .	34
(e)	Nursing and Social Welfare	.. .. .	4
(f)	Domestic Help and Social Welfare	.. .. .	6
(g)	Nursing Domestic Help and Social Welfare	.. .. .	5

Several cases of chronic sick in the age group 50–60+ presented a problem with regard to their care during the year under review. These patients naturally dread being admitted to a geriatric chronic sick ward which must be depressing for them, even for a short stay, yet in progressive diseases such as disseminated sclerosis or rheumatoid arthritis, increasing handicap places a great strain on domiciliary services. Is there, therefore, a case for a younger chronic sick home in the county or a special wing attached to an existing hospital?

AMBULANCE SERVICE

The ambulance stations are situated as follows:—

24-hour stations	Sub-stations
Aldridge	Biddulph
Cannock	Kidsgrove
Cheadle	Rugeley
Leek	Stone
Lichfield	Tamworth
Newcastle	
Stafford	
Uttoxeter	

There has not been any replacement of, or additional ambulance stations, during the year.

The ambulance stations at Stafford, Lichfield and Newcastle, continue to carry out functions of divisional radio control stations. During the year arrangements have been completed for the new Ambulance Station, County Control and Training School to be built. It is hoped that this building will be completed mid-1969 when a reorganisation of the Ambulance Service will take place.

In 1965 the Committee approved a scheme for training of the ambulance personnel in all aspects of ambulance service work including first aid courses for the staff. The first courses were of five days' duration to enable the whole of the ambulance staff to be given an introduction into training and to make sure that a basic standard could be achieved. The five day training course to be undertaken every eighteen months has now been changed to a ten day course as it was found that by the continuation of study better results have been obtained. The County Council were approached by the Ministry of Health to take part in the Experimental Ambulance Training of six weeks' duration, as advocated by the Working Party on Ambulance Services' Training and Equipment. Personnel from the County Ambulance Service and from the authorities of Derbyshire, Shropshire, Stoke-on-Trent, Worcestershire and Ipswich took part in these experimental courses. The results of these experiments point out the value of such training and the staff who took part undertook their training with enthusiasm and expressed their satisfaction on the courses as a whole.

In addition to the training of ambulance personnel the Ambulance Service training staff are responsible for the training in first aid of police cadets and junior firemen. This instruction is carried out at the County Police and Fire Headquarters when new intakes of recruits for the Services begin their initial training.

Vehicle replacements have taken place in accordance with the County policy of replacing vehicles every five years which ensures a very high standard of vehicles in service. During the year seventeen vehicles have been replaced by Bedford and Ford chassis with Lomas bodies.

The vehicle maintenance is carried out by County Ambulance Service mechanics in the Service's own workshops situated at County Ambulance Stations.

MILEAGE, PATIENTS CARRIED, VEHICLES, ETC.

The table below gives the mileage and number of patients carried by each ambulance station during 1967, together with the establishment of personnel and vehicles as at the 31st December, 1967.

STATION	Hours Open	PERSONNEL	VEHICLES		AMBULANCES		SITTING CARS	
			Ambs.	Cars	Mileage	Patients	Mileage	Patients
Aldridge	24	25	4	5	82,435	10,619	79,538	12,150
Biddulph	16	6	1	2	16,690	1,740	35,959	7,782
Cannock	24	29	4	5	118,081	12,279	119,636	17,964
Cheadle	24	23	2	5	46,619	4,427	101,379	17,380
Kidsgrove	16	6	2	1	29,260	5,959	22,934	5,675
Leek	24	25	4	4	79,476	7,140	81,995	15,542
Lichfield	24	29	4	5	84,896	12,942	76,856	11,767
Newcastle	24	32	5	5	66,500	12,041	95,897	20,738
Rugeley	16	6	2	1	52,622	6,735	25,114	3,946
Stafford	24	32	5	4	95,025	10,638	80,719	11,063
Stone... ..	16	6	1	2	30,682	3,374	47,302	5,783
Tamworth	16	11	2	2	50,547	9,600	57,007	5,940
Uttoxeter	24	25	3	3	60,406	6,415	86,112	9,441
TOTAL	—	255	39	44	813,239	103,909	910,448	145,171

The analysis of the types of patients carried is given below:—

Maternity	..	4,885
Illness	.. ..	236,897
Accidents	..	6,648
Infectious	..	267
Mental	.. ..	383

The following is a comparison of the number of stations, personnel, vehicles, patients carried and mileage at the 31st December 1967 with the number at 31st December 1966:—

			31/12/66	31/12/67
24-hour Stations	..	..	8	8
Sub-Stations	..	.. ..	5	5
Ambulances	..	.. ..	39	39
Sitting Cars	..	.. ..	44	44
Personnel	..	.. ..	255	255
Patients carried	..	.. ..	248,360	249,080
Mileage	.. ..	.. ..	1,726,126	1,723,687
Average miles per patient carried			6.14	6.92

AGENCY SERVICE

The following table shows the mileage run and patients carried by the Hospital Car Service in the Stafford and Lichfield Areas:—

<i>Month</i>			<i>Stafford</i>		<i>Lichfield</i>	
			<i>Mileage</i>	<i>Patients carried</i>	<i>Mileage</i>	<i>Patients carried</i>
January	..	..	1,150	20	790	16
February	..	..	786	21	1,492	43
March	..	..	1,183	22	1,381	31
April	..	..	1,394	32	845	16
May	..	..	1,938	33	1,225	36
June	..	..	1,106	26	1,515	42
July	..	..	2,184	41	1,380	42
August	..	..	1,320	78	1,338	49
September	..	..	1,373	33	1,056	28
October	..	..	1,567	41	1,430	35
November	..	..	1,575	39	2,160	60
December	..	..	1,175	25	1,700	40
			<hr/> 16,751 <hr/>	<hr/> 411 <hr/>	<hr/> 16,312 <hr/>	<hr/> 438 <hr/>

ATTENDANCES AT CLINICS

INFANT WELFARE CENTRES

At the end of the year there were 98 Welfare Centres in operation of which 26 are purpose-built, 10 adapted and 62 occupied on a sessional basis.

The following are particulars of the number of sessions and attendances made during the year:—

No. of sessions	4,809
No. of children who attended during the year and who were born in:—	
1967	10,644
1966	6,119
1962–65	4,908
Total	<u>21,671</u>
No. of attendances during the year made by children who at the date of attending were:—	
Under 1 year	95,590
1 but under 2	71,703
2 but under 5	48,284
Total	<u>215,577</u>

ANTE-NATAL AND POST-NATAL CLINICS

1,281 sessions were held during the year as follows:—

Medical Officers	93
Midwives	971
General Practitioners employed on a sessional basis	217
Hospital Medical Staff	—

The following are the numbers of expectant mothers and attendances made by them during the year at the Ante-Natal Clinics:—

No. of expectant mothers attending	4,784
Total number of attendances (approx.)	7,977

63 persons attended the Post-Natal Clinics.

Where treatment is required, the patient is referred other than for unsatisfactory dental conditions to her own doctor. Dental treatment can be given under the County Council Scheme and the patients are offered the facilities locally available.

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	(a) Institutional booked	1,230
	(b) Domiciliary booked	852
	(c) Total	2,082
Total number of attendances during the year		<u>7,912</u>

TODDLERS CLINICS

Number of clinics held during the year..	..	..	153
Number of children who attended	..	..	1,084

HEARING TESTS FOR YOUNG CHILDREN

(a) Number of children screen tested	..	..	..	5,172
(i) at clinic	..	..	..	3,172
(ii) at home	..	..	..	2,000
(b) Number of children who failed	..	..	..	70

All children who fail the test are re-tested at a later date. Those who still do not pass the test are referred for appropriate treatment to their General Practitioner or to Specialists.

CHILDREN “AT RISK”

As mentioned in the Annual Report for 1966 the “at risk” register contains the names of children in whom some factor may possibly interfere with normal development. Such conditions may have a genetic origin, may arise during the ante-natal period or at birth, or may even arise through illness or accident. The progress of children in this category is carefully supervised during infancy so that every endeavour is made for early treatment to be arranged in cases where defects are found. Regular reports are submitted and liaison between the Maternity and Child Welfare, School Health and Mental Health Sections is maintained so that provision may be made at all levels for the needs of children with various handicaps.

During the year 1967, 1,366 babies were entered on the “at risk” register, since when 79 have been removed, as their progress during the first year has been considered satisfactory.

Special reports continue to be made to the Registrar General concerning all “at risk” children who suffer from congenital abnormalities and during the year 172 cases were reported.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

The County Welfare Officer of this Authority has kindly provided the following information with regard to the welfare of blind and partially sighted persons in the administrative County.

The number of registered blind people living in the County has risen slightly from 1,032 in 1966 to 1,036 in 1967.

STATISTICS

BLIND AND PARTIALLY SIGHTED REGISTER

Numbers Registered as Blind at 31st	Male	..	427
December, 1967..	Female	..	609
	Total	..	1,036
Numbers Registered as Partially Sighted	Male	..	112
at 31st December, 1967	Female	..	177
	Total	..	289
Number on Partially Sighted Register	Male	..	11
(under 16 years of age)	Female	..	14
	Total	..	25

AGE PERIODS OF REGISTERED BLIND

<i>Age</i>					<i>Numbers</i>
Below 1	..	..	..	..	—
1	..	..	..	..	1
2	..	..	..	..	1
3	..	..	..	..	5
4	..	..	..	..	2
5-10	..	..	..	..	13
11-15	..	..	..	..	10
16-20	..	..	..	..	11
21-29	..	..	..	..	30
30-39	..	..	..	..	44
40-49	..	..	..	..	65
50-59	..	..	..	..	108
60-64	..	..	..	..	77
65-69	..	..	..	..	103
70-79	..	..	..	..	244
80-84	..	..	..	..	150
85-89	..	..	..	..	119
90 and over	..	..	..	..	53
					1,036

AGE AT ONSET OF BLINDNESS

<i>Age</i>					<i>Numbers</i>
Under 1	..	..	..	..	97
1	..	..	..	..	7
2	..	..	..	..	—
3	..	..	..	..	3
4	..	..	..	..	—
5-10	..	..	..	..	38
11-15	..	..	..	..	19
16-20	..	..	..	..	27
21-29	..	..	..	..	40
30-39	..	..	..	..	63
40-49	..	..	..	..	86
50-59	..	..	..	..	116
60-64	..	..	..	..	74
65-69	..	..	..	..	108
70 and over	..	..	..	..	347
Unknown	..	..	..	..	11

Employed in Workshops .. 28 Employed Otherwise .. 72

In approved Home Workers' Schemes .. 12

Under Training 3 Children under 16 .. 32

Unemployable 872, of which
 Not available 117
 Not capable 95
 Over 65 660

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED
PERSONS

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:—	44	20	—	89
(a) No Treatment	6	1	—	31
(b) Treatment	38	19	—	58
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	22	14	—	51

Blind and partially sighted persons included in “Others” column.

Retinopathy	—	21
Myopia	—	5
Macular Degeneration	—	18
Maculopathy	—	6
Amblyopia	—	1
Choroiditis	—	2
Ocular Nystagmus	—	2
Retinitis Pigmentosa	—	2
Cerebral Haemorrhage	—	5
Iridiocyclus	—	1
Optic Atrophy	—	6
Optic Neuritis	—	2
Cerebral Vascular Occlusion	—	1
Retinal Degeneration	—	4
Central Thrombosis	—	1
Diabetes	—	1
Malformation of eye	—	1
Keratitis	—	1
Uveitis	—	1
Skull Fracture	—	1
Vertical Lens Opacities	—	1
Pallor out ends of Disc	—	1
Lens changes	—	1
Bilateral Papilloedema	—	1
Vascular Dystrophy	—	1
Congenital Toxoplasmosis	—	1
Congenital Blindness	—	1
	<u>TOTAL</u>	<u>89</u>

PARTICULARS OF REGISTERED BLIND AND PARTIALLY SIGHTED
PERSONS WHO WERE RECOMMENDED TREATMENT DURING 1967
BUT DID NOT RECEIVE SUCH TREATMENT

AGE	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
0 – 5	—	—	—	—
25	—	—	—	1
46 – 50	—	—	—	1
51 – 55	—	—	—	—
56 – 60	1	1	—	1
61 – 65	—	—	—	—
66 – 70	2	1	—	1
71 – 75	—	—	—	3
76 – 80	4	1	—	—
81 – 85	8	2	—	—
86 – 90	—	—	—	—
90 and over	1	—	—	—

The County Welfare Department of this Authority is responsible for the welfare of blind persons. Where the department does not provide services, direct arrangements exist with registered voluntary organisations for the provision of these services.

A wide range of welfare services is provided for blind persons including social activities, instruction in handicrafts and in methods of overcoming their disability, holidays, outings and teaching to read embossed literature.

Where possible, attempts are made to assist in placing registered blind persons in open employment or in sheltered workshops or as home workers. In addition, instruction is provided in pastime occupations in the homes of blind people and in social and handicraft centres.

All registered blind and partially sighted people are visited regularly by the Home Teachers of the County Welfare Department to see what help can be given and to ensure they obtain all assistance to which they are entitled from the Social Services.

BUILDING PROGRAMME FOR HEALTH CENTRES AND INFANT WELFARE CENTRES

As a result of the present restrictions on capital building programmes, progress on the provision of purpose-built Health Centres and Infant Welfare Centres has, unfortunately, been extremely slow, only one Health Centre at Rugeley and an Infant Welfare Centre at Harriseahead being completed during the year.

RUGELEY HEALTH CENTRE

The Health Centre at Rugeley, the commencement of which was mentioned in my previous report, was completed early in the year and will serve Rugeley Urban District and the immediate surrounding area. Local Health Authority facilities were provided from the 6th March and six General Medical Practitioners, comprising one practice, took up occupation on the 3rd April. It was possible to erect the centre in the

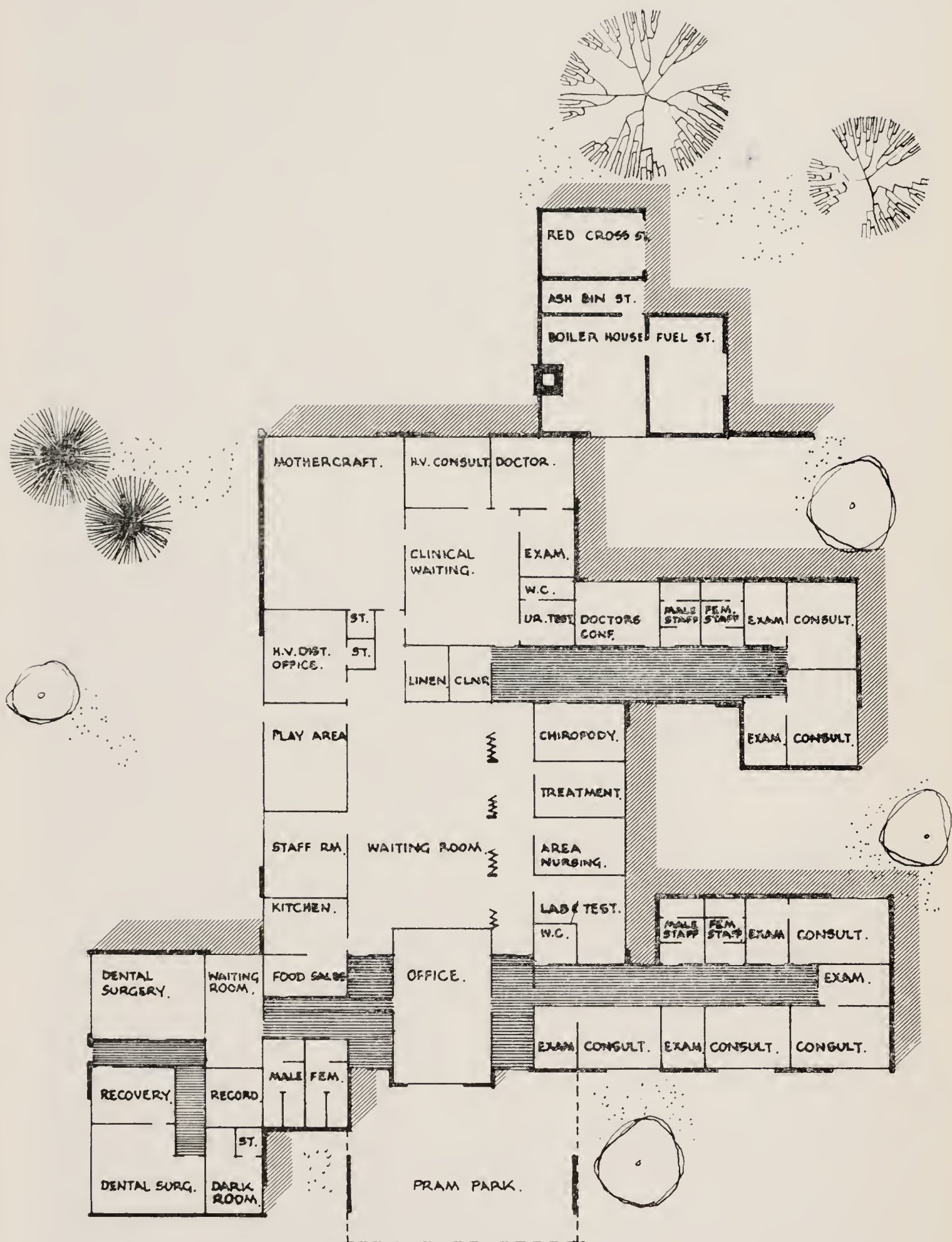
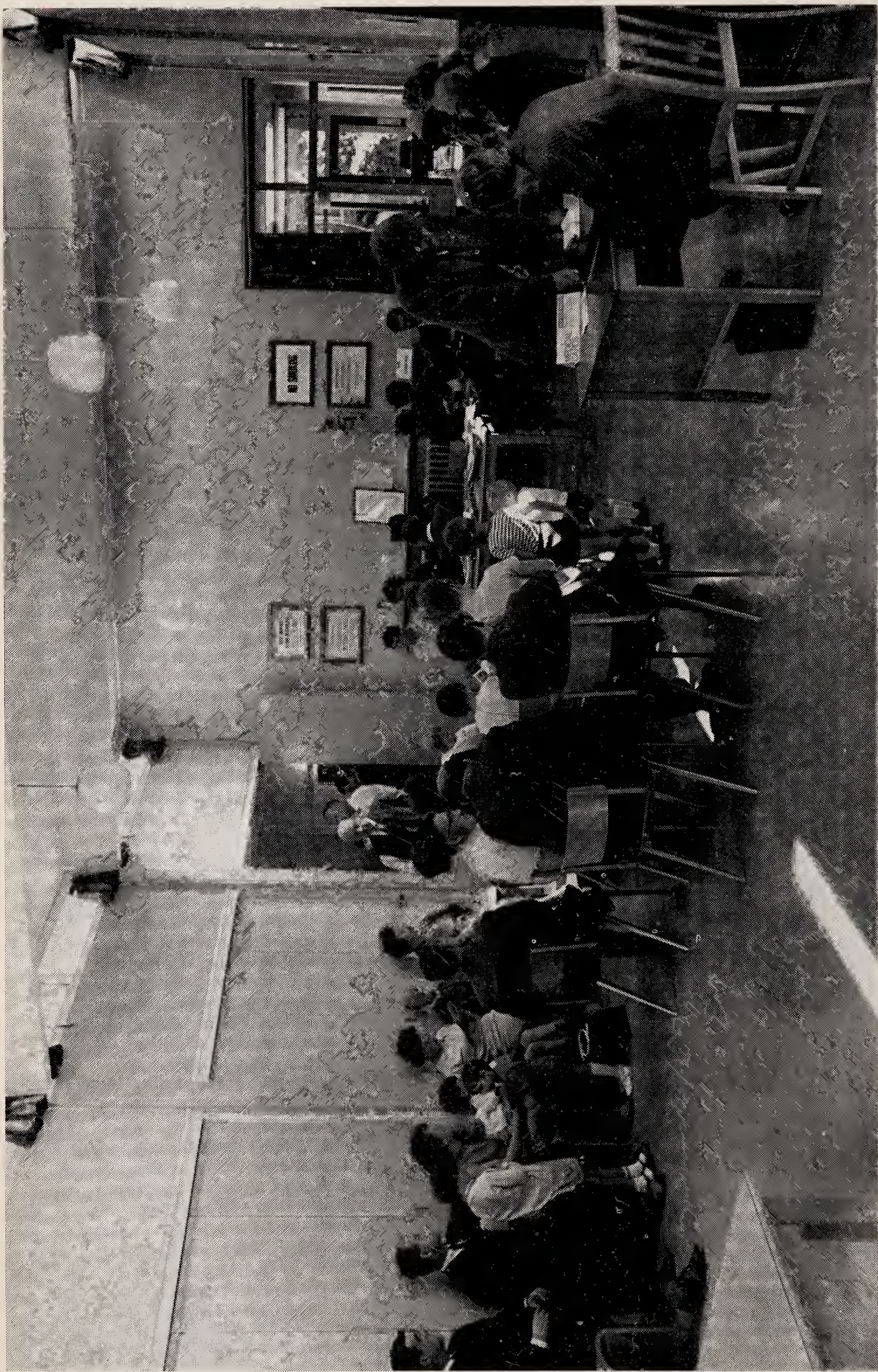


Diagram showing internal layout of Rugeley Health Centre.



General Waiting Room, Rugeley Health Centre.

space of nine months because of the method of building which is largely a prefabricated structure with internal dry construction. A plan of the accommodation in the Health Centre is shown.

A Professional Committee comprising three representatives of the Health Department and three representatives of the General Medical Practitioners is the governing body for the Health Centre. It was necessary for regular meetings of this Committee to take place during the early stages but most of the teething troubles have been resolved and meetings are now called as and when required, usually taking place at some three-monthly intervals.

Day-to-day administration of the Centre is the responsibility of the Centre Superintendent, who is a qualified health visitor, a secretary and a small office staff. An appointments system is in operation for the Doctors.

A particularly interesting provision in the Health Centre are the sliding doors in the waiting area. These enable separate waiting areas for surgery and clinic purposes to be formed when necessary without impairing the comprehensive and co-ordinated nature of the unit.

Nearly a year's working of the Centre has indicated that with an understanding of each other's point of view it is possible for Local Health Authority and General Practitioner services to be successfully provided from the same building to the benefit of the participants and the general public.

The Health Centre which cost approximately £45,000 replaces rented accommodation at Heron Court, Rugeley.

HARRISEAHEAD INFANT WELFARE CENTRE

A small purpose-built clinic was completed during the year and came into operation on 15th May, 1967. It replaced the Primitive Methodist Chapel, Harriseahead, and has proved to be of great benefit to the area. In addition to the normal clinic facilities provided, enquiries for accommodation have been received from local doctors and persons wishing to set up a play group.

FUTURE PROGRAMME

It is difficult to forecast with any accuracy how the building of new Health Centres and Infant Welfare Centres will proceed over the next few years. The building programme is constantly under review, having regard to the economic situation of the country and the determination of "priorities of priorities of priorities" is a constant and seemingly never-ending problem. However, it is hoped that a new Health Centre at Tamworth, comprising Local Health Authority, General Medical Practitioner and Regional Hospital Board facilities, will be completed next year and that the necessary authority will be forthcoming to build at least another two or three Health Centres in other parts of the Administrative County.

New Infant Welfare Centres are in the course of erection at Pye Green (Cannock) and Kinver, and these should be completed next year. The possibility of further new Infant Welfare Centres being approved in the immediate future is a matter of conjecture, although these are urgently required at Barton-under-Needwood, Blythe Bridge and Norton Canes, to replace unsatisfactory rented accommodation.



Hednesford Infant Welfare Centre.

HIRED PREMISES

During the year members of the staff continued the policy of seeking suitable accommodation for hiring on a sessional basis for clinic functions.

Some premises are not altogether suitable for the purpose, but are preferable to having no facilities for a particular locality. Where premises are not favourable, continual efforts are made to persuade the landlords to carry out improvements.

Requests for clinics to be established in certain parts of the County continue to be received and these were investigated and action taken in accordance with the merits of each request.

The following lists the hired premises opened and closed during 1967.

OPENED:

Methodist Hall, Cheddleton
Village Hall, Barlaston
Village Hall, Tittensor
Village Hall, Bishopswood
Cosmopolitan Club, Dosthill
Village Hall, Weston-on-Trent
Church Hall, Tutbury

CLOSED:

Parish Institute, Cheddleton
Methodist Church Hall, Tutbury
Primitive Methodist Chapel, Harriseahead
Marchington Military Station
Heron Court, Rugeley

In addition, an Infant Welfare Clinic was opened in County-owned premises which were converted. The address of this clinic is No. 1 Beauchamp Road, Hockley, Tamworth.

The total number of premises (all types) in which sessions are held (98) showed an increase of six when compared with 1966.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

This Service is provided throughout the Administrative County and surrounding authorities by the Lichfield Diocesan Association for Moral Welfare Work, and during the financial year 1967-68, the County Council's grant to the Association was £3,365.

The following is an extract from the 61st Annual Report of the Association:—

“In 1967, 962 women and girls were referred by their doctors and allied social workers to the eight Caseworkers within the Diocese. 888 of the applicants were expecting illegitimate children. 98 of whom were already married. Of the 883 women and girls having their babies last year, 582 were under 21 years of age; this shows a 25% increase as compared with 1965 and the age range most affected is from 13–17 years.

This pattern is also repeated in the ages of the fathers of the babies where there were 340 young men under the age of 21.

HOMES

During last year, 329 young women from this Diocese were accommodated in Mother and Baby Homes which means that residential care was given to 50 more girls than last year and two out of every five girls having their babies in 1967 went into a Mother and Baby Home. There are certain times of the year when it is impossible to accommodate all the girls who wish to go into Mother and Baby Homes even though some girls are prepared to go to Homes in other parts of the country.

ADOPTION WORK

The past year has brought a record number of 436 applications from prospective adopters in the Lichfield and Birmingham Diocese which means that we are amongst the seven largest Adoption Societies in Great Britain. The development of our adoption work has been governed by the increase in mothers choosing to have their illegitimate babies adopted. We placed 355 babies with prospective adopters last year which shows an increase of 47 babies compared with 1966. Approximately one mother in three offered her baby for adoption and of the babies placed last year five mothers reclaimed them from prospective adopters. Investigations are being made as to possible alterations in the Adoption Law which would prevent a mother being free to reclaim her baby right up to the moment of the Adoption Order being made, and we await developments with interest."

CERVICAL CYTOLOGY SERVICE

Nineteen sixty-seven was the first full year of operation for the Cervical Cytology Service, which is a service for screening for prevention and early detection of cancer of the cervix, including a routine breast examination.

During the year, approximately 7,000 women were examined, bringing the total number of examinations since the service began to roughly 10,000.

The progress in opening clinics throughout the County continued at a steady rate. Nine new clinics were opened and the sessions at four clinics temporarily ceased owing to the decline in the demand for appointments. The clinics at Aldridge and Brownhills were transferred to the Aldridge-Brownhills Authority, which became a Delegated Authority with effect from 1st December, 1967. At the end of the year, twelve clinics were operating in the Administrative County, as follows:—

Cheadle
Leek
Kidsgrove
Stone
Stafford
Uttoxeter
Rugeley
Cannock
Hednesford
Chase Terrace
Codsall
Wombourne

The number of positive cases discovered up to the end of 1967 was 45.

Depending upon what is discovered during the actual visit to the clinic, and the eventual result of the smear test, a patient is referred to her own doctor for treatment. The doctor in turn may, if considered necessary, refer the patient to a gynaecologist. During the year, 1,400 women were found to have conditions which, although not serious in themselves, warranted a visit to their own doctors. Forty-three women were found to be suffering from various breast conditions, for which they were referred for treatment to their general practitioners.

In order to provide a more comprehensive service and to guard against Renal Disease or to detect symptoms of other diseases, a urine test has been introduced for all patients, in addition to the routine cervix and breast examination.

As mentioned in the section of this report relating to cancer deaths, there was a decrease in deaths due to cervix and breast cancer during 1967. Although it is early days to claim that this could be partly due to this department's screening service, it is hoped that the benefits of early detection are beginning to show.

The service is now operating in all parts of the County, except the Lichfield and Tamworth areas. In these areas, the Hospital Authorities were unable to provide facilities for examining the slides taken at the clinics, and this has, unfortunately, temporarily delayed plans to open clinics in these areas. It is expected, however, that clinics will open at Lichfield and Tamworth during the early part of 1968.

During the year, the patients' records were adapted for computer purposes. All information for each patient is fed on to the County Council computer, and this will enable a wide variety of statistics to be produced at short notice, and, more important, will provide a mechanical recall system.

It is now realised that a five-year recall period is too lengthy, and adjustments to the records have been made to reduce the maximum recall period to three years.

Continual efforts were made to screen as many women as possible, and in this connection advertising literature is regularly distributed throughout the County. In addition, campaigns and Press articles and advertisements are arranged.

During 1968 the efforts to reach a wider section of the community will continue, and to achieve this, the age range for examinations at all clinics will be reduced to 25 years as soon as possible. Additional plans are being formulated to introduce a domiciliary service, and this will probably be achieved by equipping and training midwives to take smears in the patients' own homes.

Experience since the service began has shown that the more enlightened members of the community are the ones who seek appointments for the smear test. The domiciliary service will enable those women to be screened who are not aware of the service, and also those who would not otherwise make an effort to secure appointments.

CHIROPODY SERVICE

The Chiropody Service is now so well established that there is little of fresh interest to report. A steady growth continues in the Service for adults and the more rapid growth of the Service for school children is now settling down to a steady pattern.

During the year the following numbers of treatments were given to adults:—

<i>Clinic</i>	<i>Domiciliaries</i>
24,162	9,558

Of these, treatments were given to the following groups, as shown below:—

<i>Expectant Mothers</i>	<i>Physically Handicapped</i>	<i>Old Peoples' Homes</i>
11	1,080	1,075
<i>Surgery Cases</i>	<i>Children under Five Years</i>	
2,424	3	

With very few exceptions, patients classed as physically handicapped suffer from some form of severe rheumatism and the great majority of these cases received domiciliary care. A number of treatment centres have been opened in Old People's Homes as the service of chiropodists became available. These visits are made on a sessional basis and eliminate the need for the old people to travel to a clinic.

There were 47 chiropody centres in operation throughout the Administrative County at 31/12/67 and a total of 131 sessions a week were being worked. This represented the equivalent of 13.1 whole-time chiropodists and left a vacancy of 2.9 vacancies on the establishment of 16 whole-time chiropodists. Five whole-time and 19 part-time chiropodists were employed in the County Service at the end of the year.

County Chiropodists carried out a full programme of work during the year on school children's foot inspections and treatment sessions. The number of children referred was 2,115 and 14,115 treatments were given. With few exceptions, treatments were for verruca infection but many children in the younger age groups were found to be in need of corrective treatment, mostly as a result of toe deflections and flat feet. Parents were invited to visit the treatment centres and advised on the care of their children's feet, especially the importance of correct footwear.

Plans to open an appliance centre in the north of the County were put into effect during the year and, apart from minor details, the premises were ready for occupation at the end of December. The two chiropodists responsible for school work in the north of the County completed a list of children who were in need of corrective treatment during school inspections and these children will be fitted with appliances made at the Centre as soon as it becomes operative. Many of the chiropodists in the area, who are qualified to make appliances, will be given the opportunity to take part in this work.

The chiropodists' work in schools has been much appreciated by teachers and parents as, where facilities are available, both inspection and treatment are carried out on school premises. Children can, therefore, be seen quickly, with a minimum of interference to school curriculum

and parents are spared the inconvenience of accompanying small children to clinic centres. It is obvious that the Service for school children will develop rapidly, as not only has the work in this field been favourably accepted, but growing demands for school inspections and treatment are now being received.

Provided that suitably qualified staff can be attracted to the County Service, there is little doubt that both the aged and the young will appreciate the benefits the Service can bring.

CO-ORDINATION AND CO-OPERATION OF HEALTH DEPARTMENT DOMICILIARY STAFF WITH THE HOSPITAL AND FAMILY DOCTOR SERVICE

Due to the shortage of Health Visitors, it has not been possible to make any general extension in the scheme for the attachment of Health Visitors for General Practitioners. However, following the opening of this Council's first Health Centre, a large general practice in the Rugeley Area is now situated in the Health Centre and the County Council's nursing staff work closely with the doctors.

It is hoped that as more Health Centres are completed, more staff may become available and attachments may take place as a natural sequel to the changed conditions of work.

A number of County Midwives continue to deliver their patients in Victoria Hospital, Lichfield, and continue to attend them following their early discharge from the hospital.

In the case of Stafford area, the liaison scheme in charge of the Area Medical Officer, continues to be successful.

There are no attachments of Midwives to General Practitioners, but they and District Nurses are encouraged to co-operate with doctors.

CO-ORDINATING COMMITTEES — FAMILY WELFARE TO PREVENT CHILD NEGLECT OR ILL-TREATMENT

The Medical Officers to Area Health Committees act as Co-ordinating Officers on behalf of the County Medical Officer. The periodical meetings in all parts of the County are attended by social workers employed by the Authority, also health visitors and representatives of voluntary organisations. In addition, student social workers attend the meetings and this provides them with valuable contact with other social workers and a sound insight into the wide field of social work.

At the Co-ordinating Committee meetings, selected cases are discussed by representatives of the various departments and agencies present, with a view to the case being referred to and dealt with by the most suitable department or agency.

One of the important functions of these meetings is to enable members to get to know each other and to discuss common problems. This has greatly improved liaison between officials, which is so necessary in dealing with problem families and has enabled families "at risk" to be given advice and help in the early stages of their difficulties.

The County Children's Officer of this Authority, who shares the responsibility of Co-ordinating Committees and provides secretarial assistance, reports that the work of the Committees held in the various areas of the County continues to make an increasing contribution to the efforts of the statutory and voluntary social workers involved in providing timely assistance to the less adequate and needy families in this County. Much has been done to improve the means and methods of communication between the various departments in an effort to prevent unnecessary overlapping of function and to provide a focal point for concerted action where this is felt to be desirable and effective.

Every effort is made to observe strict confidence when discussions take place.

During the year 267 families were considered, 72 new cases being added and 8 cases restored to the register. 112 cases were removed from the register, of these 3 had removed from the County, 84 were felt to be satisfactorily concluded and the remaining 25 cases were those for whom little more could be achieved by discussion, *e.g.* in need of improved accommodation etc. Of those families considered at the Co-ordinating Committee Meetings, the 267 cases were referred to the various departments as follows:—

Referred to Health Visitor	..	..	..	31
,, ,, N.S.P.C.C.	..	..	..	1
,, ,, Probation Officer	..	..	..	3
,, ,, Education Welfare Officer	..	..	..	2
,, ,, Social Welfare Officer	..	..	..	15
,, ,, Children's Department	..	..	..	3
Retained under joint observation (2 Officers)	..	..	..	97
Retained under joint observation (3 Officers)	..	..	..	67
No action taken (problems solved)	..	..	..	48
Total	..	..	..	267

DAY NURSERIES

The County Council operate two Day Nurseries, at Stafford and Newcastle-under-Lyme, as follows:—

STAFFORD DAY NURSERY — RIVERSIDE, STAFFORD

The Stafford Nursery is administered from day to day by the Medical Officer to the Stafford Area Health Committee, and the following report has been provided by the Medical Officer:—

“The Stafford Day Nursery operates on a strict system of priorities for admission to include children whose mothers are in full-time work, because for various reasons they are without support of a husband, or whose mothers are unable to look after their children because of illness.

Approximately 70% of children are in the priority class as itemised below.

The unmarried mother
Separated parents
Divorced parents
Widows and Widowers
Confinement cases
Hospital cases

There is always a considerable waiting list, and when a place becomes available to a “non-priority” mother, her child is admitted on a temporary basis and on the understanding that she may be called upon to give up her place should the necessity arise. Every effort is made to avoid this inconvenience to a family, and it is very seldom that this situation occurs.

The nursery accommodates 50 children, ages ranging from 6 weeks to 5 years, and is open throughout the year excluding bank holidays.

MAKING ENDS MEET

One could assume that the most desirable place for a child to be is at home with his mother. On the other hand, there should not be criticism of the mother who is coerced into outside work to make ends meet. The “priority” cases, as listed above, form a separate category and commonly have no option but to work. Although in most cases, particularly the unmarried mother, of which numbers continue to increase, the mothers’ general attitude is to prefer to leave their infant at the nursery and continue in full-time employment, rather than seek financial assistance. Some of these children have spent the first five years of their lives in the nursery.

There is little doubt that some women can manage their double role, and yet remain integrated and happy—and their family likewise.

As the opportunities for female employment in Stafford are better than in the surrounding areas, children are being brought daily to the nursery from such places as Stone, Eccleshall, Rugeley and Penkridge.

PRACTICAL RUNNING

The aim is to make the child feel “at home” and the routine is based on a large family group.

Children are divided into three groups:—

TODDLERS	..	25 children between the ages of 3 and 5 years are cared for by a qualified Warden and Nursery Nurse.
TWEENIES	..	15 children between the ages of 1½ and 3 years, cared for by two Nursery Nurses.
BABIES	..	10 babies under 18 months, cared for by two Nursery Nurses.

The nursery is a training school for students, a two-year course for the Certificate of the National Nursery Examination Board. Alternate weeks are spent at the nursery and Newcastle College of Further Education. This provides a course which is evenly divided between vocational subjects and subjects designed to further the student’s general education.

There are regular visits of observation to the nursery, the main categories being nursing students and sixth form students.

In 1967, all students were successful in gaining the N.N.E.B. Certificate and now have a variety of posts open to them as follows:—

1. Staff Nurse in a day nursery or residential nursery.
2. Assistant housemother in a residential nursery.
3. Warden in a day nursery or residential nursery.
4. Staff nurse in residential schools for
 - (a) spastics
 - (b) blind
 - (c) handicapped.
5. Assistant in nursery school or infants' school.
6. Assistant nurse in maternity hospital.
7. Children's nurse in a private family, at home or abroad.

A varied and balanced diet is given to the children and meals are cooked on the premises. Records are kept of young babies' weights and progress. Mothers are advised on weaning and feeding where problems exist, particularly with the very young unmarried mother. Many "priority" cases appear to prefer to talk to the staff about their problems, rather than to relatives, and they seek practical advice.

Due to varied circumstances in the home, children become emotionally disturbed and this shows in many ways, *e.g.* biting, kicking, bed-wetting, temper tantrums, loss of weight and quite frequently this has to be dealt with in a sympathetic manner by discussion with parents. This produces far better results than labelling a child as being naughty.

There is a liaison between mothers and staff, and where problems exist, every effort is made to help or refer.

On the whole, there is a lively atmosphere among the children, and as they become familiar with their nurse and the routine, they show confidence knowing that their mother or father will return at the end of the day.

During 1967, there have been a number of cases of measles, chicken-pox and influenza, and this has reduced the number of attendances, particularly during February."

NEWCASTLE DAY NURSERY (LIVERPOOL ROAD, CROSS HEATH)

The Nursery is administered by the Medical Officer to the Borough of Newcastle-under-Lyme (Delegated Authority) and the following report has been provided by the Medical Officer:—

"The nursery is situated at Liverpool Road, Cross Heath and provides 40 places. It is staffed by a Matron, Deputy Matron, two nursery nurses, one warden and a domestic staff of three. The students obtain practical experience at the Nursery and attend part-time for theoretical training at the Nursery Training Centre at the Newcastle College of Further Education. Some staffing difficulties have been experienced during the year owing to illness. The Matron was absent from duty from the 1st May to the 7th August and the Deputy Matron from 23rd January to the 10th April. Owing to the prolonged absence from duty of a nursery nurse, it was necessary to engage an additional nursery nurse on a temporary basis.

Children are admitted to the nursery on a waiting list basis with priority admission for urgent cases. A priority case might be where the mother is forced by circumstances to take employment, possibly because she is unmarried or widowed; where the home conditions are unsatisfactory; where the mother is unable to take full care of the child owing to illness; where the child is handicapped.

The majority of admissions during the year were priority cases and at the 31st December, 30 of the 40 places in the Nursery were occupied by priority cases. This means that a number of parents with children in the Nursery have a "nil" or reduced assessment on the Council's Scale of payment.

The number of attendances made during the year totalled 6,505, giving an average daily attendance of 25.6. This figure comprised 8.3 in the 0-2 year group and 17.3 in the 2-5 year group.

There were 110 children awaiting admission to the Nursery on 31st December, 1967, but none of these was a priority case.

Whilst there was no closure of the Nursery during 1967, owing to infectious diseases, attendances were restricted during January and March, when an outbreak of measles occurred and again in June, because of an outbreak of whooping cough. The Nursery closed for one week during August, coinciding with the local holiday period.

New overhead gas heaters were installed at the Nursery in January and new water heaters during February.

At the annual medical inspection all the children examined were found to be satisfactory.

It is disappointing to report that work has not yet commenced on the new Day Nursery, but it is hoped that building will have started by March, 1968. The new building will be purpose-built and have 50 places."

The following are some general statistics relating to the Day Nurseries:—

	<i>No. of approved places</i>	<i>Average Daily Attendance</i>	<i>No. of Children on register at end of year</i>
Stafford ..	50	35.1	49
Newcastle ..	40	25.6	40

ESTABLISHMENT OF DAY NURSERIES IN FACTORIES

Discussions, which commenced in 1966 were continued in 1967 with regard to the provision of day nursery facilities in factories in the Administrative County.

Eleven factory owners in the districts of Cannock, Kidsgrove, Newcastle, Stafford, Uttoxeter, Wombourne and Burton-on-Trent, were written to in this connection. The firms were selected after consultation

with the Regional Controller of the Ministry of Labour, Birmingham, and the choice was made on the basis that 500 or more females were employed at each factory in the manufacturing sector. Of the eleven letters sent out, replies were received in nine instances.

The general consensus from the replies showed that there was no great interest in providing such day nurseries, although three of the firms indicated that further consideration would be given to this matter if competition for female labour became more severe. In view of this response the Health Committee decided that there was no point in pursuing this matter further at this stage.

Nurseries and Child Minders Regulation Act, 1948

Under the above Act the Local Authority Health Department is responsible for the registration of pre-school play groups and child minders.

A pre-school play group is often organised through a voluntary body and operates from a village hall, their activities ranging from constructive play to simple educational activities. They also serve as a valuable pre-school conditioner for children who might be a little overwhelmed by a full school curriculum.

Child minders are registered to take children into their homes for reward and again constructive play and simple educational activities are encouraged.

The broad aims of registration are to ensure that no undesirable person has the care of children. To this end, enquiries are made with the police and local health authority before registration is recommended.

The service continues to grow at a fast rate. During the year, 43 more groups were registered, bringing the total number of play groups at the 31st December, 1967 to 139, at which 1,935 children attend. Not included in this number were 17 play groups involving 253 children, operating in the Aldridge-Brownhills Urban District, which assumed delegated health functions on the 1st December, 1967.

Visits to play groups made at regular intervals throughout the year by the Nursing Officers and their Deputies show that, in the main, standards at play groups are high. Advice is not only given to organisers by the department's staff but encouragement is also received from a very active and efficient Pre-School Play Groups Association, which co-operates closely with the department. The Association is fully aware of its responsibilities and this attitude of responsible outlook is, in turn, conveyed to the many organisers who take an active part in that body.

One Play Group Association in the south of the County has produced a "Manual for Play Group Parents" which makes interesting reading. In this manual, parents are advised of the dos and don'ts of the pre-school play group world. The many subjects covered include paragraphs on health, fees, general standards, playroom assistance, parental help, first day procedure, rules for helpers etc. This shows that there is clearly much thought given to this type of community service and it is heartening to find so much co-operation and goodwill afforded by members of the public towards the children of their community.

It is not generally realised that there is an overall number of children allowed to attend one play group. It is, of course, sometimes difficult for the general public to understand and appreciate the need for control in this way. However, it is felt that groups involving more than 22 children are not in the best interests of the children they serve and for this reason, a ceiling has been placed on the number allowed irrespective of the size of the premises. We must not lose sight of the fact that this service is for pre-school children of an impressionable age and this must not be forgotten when standards have to be imposed.

DENTAL TREATMENT

The following table shows the number of patients provided with dental care:—

	Number of Patients examined during the year	Number of Patients found to require treatment	Number of Patients offered treatment	Number of Patients who commenced treatment during the year	Number of courses of treatment completed during the year*
Expectant and Nursing Mothers ..	173	161	158	147	115
Children under 5 years of age	1,705	1,015	986	976	831

* A patient may have had more than one course of treatment during the year and some patients may have requested emergency treatment only.

As 1967 was the first complete year since the boundary revisions of 1st April, 1966, comparisons with the amount of treatment carried out in previous years would not be valid. Nevertheless the continuing decline in the number of expectant and nursing mothers treated reflects the trend by this type of patient to obtain treatment, which is also free, from their regular National Health Service dental practitioner. An increased number of children under five—1,705 compared with 1,578 in 1966—were examined, 976 (973) children commenced treatment and 831 (685) courses of treatment were completed during the year. Great importance is attached to the early detection and treatment of dental caries in young children and the amount of such treatment is limited only by understaffing.

The equivalent of 18.5 whole-time dental officers and 5 dental auxiliaries in post during the year devoted approximately 6.3% of their time to maternity and child welfare dentistry.

The kinds of treatment provided are shown in the following table:—

	Fillings	Extractions	General Anaesthetics	Scaling and Gum Treatment	Silver Nitrate Treatment	Applications of Topical Fluoride	Crowns and Inlays	Dentures Provided		Radiographs
								Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	326	336	28	85	—	—	4	25	27	14
Children under 5 years of age	1,389	1,352	539	301	—	—	—	—	—	8

The number of deciduous teeth requiring extraction in children under five years of age emphasises the poor dental health of young children in our present day society. Poor dietary habits, too much sweet eating and lack of dental hygiene are responsible for this and, indeed, a survey of five-year-old children entering school in Staffordshire was carried out during the year, the results of which are described in detail in the Annual Report of the Principal School Medical Officer, which demonstrated that on average each five-year-old child has five decayed teeth and that only 15% of the children inspected had perfect teeth. Whilst every effort is made by all members of the dental staff, ably backed up by the Health Education Service, to advise parents and children on dental care, water fluoridation would most certainly, over the years, bring about a real improvement.

The dental auxiliaries have continued to give topical applications of stannous fluoride to the teeth of those young children who, in the opinion of the dental officer, seem particularly prone to dental decay.

DENTAL LABORATORY

A summary of the work completed during the year by the County Dental Laboratory is shown in the following tables:—

(a) *Denture Work*

Type of Denture							No. Constructed
Full Upper Dentures	..	..	..	..	..	..	17
Full Lower Dentures	..	..	..	..	..	..	12
Partial Upper Dentures	..	..	..	..	..	..	114
Partial Lower Dentures	..	..	..	..	..	..	22
Relines and Remakes	..	..	..	..	..	..	2
Repairs to Dentures	..	..	..	..	..	..	33
TOTALS							200

(b) *Orthodontics*

Type of Work							No. Constructed
Regulation Appliances (removable)	..	..	..	..	..	..	282
Study Models	..	..	..	..	..	..	1,066
TOTALS							1,348

(c) *Other Work*

Nature of Work							No. Constructed
Crowns (Acrylic 20, Gold 6)	..	..	..	..	..	..	26
Inlays	..	..	..	..	..	..	7
Special Trays	..	..	..	..	..	..	66
Ear Moulds	..	..	..	..	..	..	15
Splints	..	..	..	..	..	..	7
TOTALS							121

One dental technician left the County Council's employment during the year, the staff of the Dental Laboratory consisting at the end of the year of the Maxillo-Facial Technician-in-Charge, two dental technicians and one dental technician trainee.

Owing to the necessity for economy in public expenditure the erection of a new multi-purpose building including a new County Dental Laboratory has had to be deferred for at least a year.

DISTRIBUTION OF WELFARE FOODS

The County Council in their capacity as Local Health Authority, are responsible for the distribution of Welfare Foods, *i.e.* National Dried Milk, Cod Liver Oil, Vitamins A and D, and Orange Juice.

At the end of the year, Welfare Foods were being distributed from 90 clinics and 30 other centres, *e.g.* shops, post offices and private houses as well as from the Welfare Foods Van, which covers the Leek Area.

During the year several tins of National Dried Milk were returned to the department with various complaints concerning the quality of the milk powder. Following the usual procedure, the powder was returned to the Ministry of Health for analysis. The actual findings were reported direct to the purchasers and the Ministry expressed the view that they were grateful for the opportunity of being able to test the quality of the powder to ensure that the high standard is maintained.

In addition to the Welfare Foods, proprietary foods are sold at distribution centres in accordance with an approved scheme. All leading brands are available for sale at prices cheaper than practically all retail prices at private stores.

During the year the list of proprietary foods was reviewed and certain products deleted as it was felt there was no necessity for their sale. In fact, some mothers were attending the clinics purely to purchase foods and not presenting the children for the routine services. Also, it was suspected that persons purchased foods for the benefit of relatives at more advantageous prices. The products remaining on the lists are the basic essentials regarded as necessary for maternity and child welfare.

ENTITLEMENT TO FREE SUPPLIES

The Ministry of Health circular No. 23/67 drew attention to the fact that the Ministry attaches considerable importance to mothers and young children in the lower income groups receiving the welfare milk and foods available to them under the Welfare Foods Scheme.

The Ministry is particularly concerned to ensure that all those who are entitled to obtain welfare foods free of charge—that is, those in the lower income groups—should be made aware of their entitlement and should be informed how to obtain this.

All staff of this department, having contact with expectant mothers and mothers of young children from needy families, were asked to assist in this matter.

DOMESTIC HELP SERVICE

The Domestic Help Service is a service which is provided in accordance with the National Health Service Act 1946, Paragraph III, Section 29.

The Service is a vital aspect of Community Care and plays an important part in helping persons to remain at home in familiar surroundings for longer than would otherwise be the case if no such service existed. By forestalling institutional care a saving in expenditure is achieved as care in an old persons' home or chronic sick hospital is more costly than care provided in the home.

Domestic Helps are available for assistance in the home in cases where due to age, infirmity, sickness, absence of wife or mother in hospital or some similar reason, this leaves no suitable person in the home to care for the patient or the family.

Recruitment of an adequate number of Domestic Helps of the right calibre continues to be a problem in certain rural areas of the County. To improve the position the County Council agreed to the payment of care allowances at the Casual Users' rate to a limited number of helps who are prepared to travel to outlying districts. This has proved successful and has improved the position to a certain extent.

The following are some general statistics on the service for 1967.

Total cases assisted during the year	..	..	5,613
(i) aged 65 and over	..	..	4,680
(ii) under 65—chronic and tuberculous	..	..	258
(iii) under 65—mentally disordered	..	..	23
(iv) maternity cases	..	..	336
(v) others	..	..	290

At the 31st December, 1967, the Authority were employing approximately 1,000 Domestic Helps.

HEALTH DEPARTMENT SOCIAL WORK FUNCTIONS

The Social Work undertaken by this department can be summarised under five main headings although these do not give a complete list of the many and varied duties performed by these members of staff.

RENT GUARANTEES

The rent guarantee scheme was introduced in 1965 in accordance with Section 56 of the Local Government Act, 1958. Its purpose is to avoid eviction of families from their natural surroundings in order that time may be given for the social worker to work with the family to reduce rent arrears, general debts etc., caused, in many cases, through bad management. At the 31st December, 1967, 19 rent guarantees were in force all of which were for 100% of the total rent involved. During the year, 9 new rent guarantees were offered to district councils by the department and were accepted. It has been found that this method is the most suitable one when dealing with eviction cases, thereby disregarding the possibility of half-way house accommodation.

District Councils have shown willingness to co-operate in the rent guarantee scheme and it is pleasing to say that there is a good working relationship with the Housing Authorities with whom the department has come into contact. Generally speaking, rent guarantees are offered for 6 months at a time, the position being reviewed at the end of each period. Where it is found that a family is not co-operating, the rent guarantee is withdrawn. Any success achieved through the scheme is due to the thorough casework of the social workers concerned to ensure that families do not fall into arrear and thus risk eviction.

TRAINING IN HOME MANAGEMENT AND CHILD CARE

The purpose of this scheme is to provide training for mothers and their children who would benefit from a period of training from staff who are highly qualified to undertake this particularly specialised type of work. The organisations who provide this service are usually charitable ones who demand high standards from trainees. Cooking, washing, cleaning, budgeting, sewing, etc. are all part of a varied programme which usually lasts for 2 months, sometimes longer if it is felt this is necessary.

This training was offered to one mother and her five children at Crowley House, Birmingham, for a period of 9 weeks. Training is offered from one to three months depending upon the applicant. Not all cases are successful though the success rate is, fortunately, very high. This training is very costly and is offered only to persons who have the potenitality to benefit from advice and training and keep up an improved standard in the family home upon return.

TRAVELLING EXPENSES OF RELATIVES VISITING HOSPITAL PATIENTS

Travel warrants are still being issued in accordance with Ministry of Health Circular 85/49 and, for the year under review, 26 such applications were received and approved. Of these, 22 received free travel and four paid partial cost. This service has proved invaluable to those families who suffer from financial hardship through illness.

CONVALESCENT HOLIDAYS

Operated in accordance with the National Health Service Act, 1946, this scheme is designed to hasten the period of recovery of those members of society who perform a service in the community and home and who will return to their normal duties more quickly by taking a convalescent holiday.

The recommendation of the general practitioner is required in each case and the scheme is open to all members of the public through the Social Worker Agencies. As the scheme has specific aims, not all the applicants can be approved, *i.e.* where those persons have returned to housework or normal duties, but there are very few refusals in this respect. The benefits obtained from a scheme of this nature are self-evident when reviewed on a national basis for many valuable weeks are saved to industry through people recuperating more quickly than they would normally have done by taking a carefully chosen convalescent holiday.

Forty persons received periods of convalescence arranged by the department. Of these, 22 paid no cost, 15 paid a partial cost and 3 were assessed to pay the full cost of convalescence and travel.

The number of persons who took convalescence during the year is a reduction when compared with the previous year when 60 persons benefited from this service but, nevertheless, convalescence still continues to be an important service.

CARE OF OLD PEOPLE

During 1967, the department's social workers made 3,265 visits to various old people in their homes which resulted in 3,611 persons being interviewed. This total shows the valuable contribution the social workers are making in the effort to banish loneliness and want in old age. The table below indicates the various categories.

	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Total
Number of visits paid ..	844	550	1,136	717	18	3,265
Number of persons seen ..	1,144	564	1,164	719	20	3,611

A perusal of the following statistics will show particulars of work undertaken during the year 1967, by the Social Workers/Welfare Officers and their assistants.

	Free	Partial Payment by Patients	Paid in full by Patients	Total
1. Number of patients supplied with extra nourishment *	114	—	—	114
2. Number of patients supplied with clothing	297	—	—	297
3. Number of patients supplied with bedding and furniture	238	—	—	238
4. Number of patients supplied with Convalescent Home treatment ..	22	15	3	40
5. Number of patients supplied with appliances †	858	—	—	858
6. Number of visits and interviews with patients at home	9,545	—	—	9,545
7. Number of patients in hospital or sanatorium	—	—	—	803
8. Number of patients seen at office or clinic	—	—	—	999
9. Housing:				
(a) No. of cases recommended ..	—	—	—	77
(b) No. of cases re-housed ..	—	—	—	52

* This number includes cases where assistance has been given through the Welfare Officer by organisations other than the County Council and include the British Red Cross Society, St. John Ambulance Brigade, the Social Security Service and numerous smaller organisations.

† This number includes the provision of invalid chairs, air beds, rubber rings, hot water bottles and occupational therapy items, etc. This equipment was provided through the Social Workers from the various medical loan depots throughout the Administrative County.

HEALTH EDUCATION

Health is desired by all and achieved by few, mainly because the effort required to achieve a standard of health is more than the individual is prepared to pay. Often this is due to lack of understanding and knowledge of the body needs. If a person can appreciate the effort is worthwhile an attitude towards behavioural change can result. This change can occur only by continual effort on the part of health educators using every medium available.

During the year much use has been made of lectures, discussions, exhibition and films to further the education of the individual in terms of community and personal health.

STAFF

The health education programme continues to be dogged by changes in staff, and difficulty in filling vacant posts. The Deputy Health Education Officer resigned in February and it took five months before a suitable successor was found. An Assistant Health Education Officer also resigned, but one of the vacant posts was filled within a month of this resignation. Therefore the staff establishment of eight whole-time officers was 2.41 short throughout the year. This shows a consistency with 1966 when the figure was 2.75.

EXHIBITIONS

The department again exhibited at the County Agricultural Show, the theme on this occasion being "Dental Health". A marquee of 50ft. x 30ft. dimensions was sited and was divided into a cinema and static exhibition.

The exhibition comprised a photographic display on fluoridation, pointing out the research that had been carried out in different countries, the experiments carried out in this country, what fluoridation is, how it could be applied and endeavoured to answer some of the critics.

A section comprised animal skulls and jaw formation pointing out the animal eating habits in relation to the sound teeth which they possessed. Another section comprised an old dental surgery of the early 1900s and a 1967 dental surgery which was fully operative. This area had two functions to perform: one, to show the improvements in dental surgery technique and two, to allay any fear in young children of modern dental equipment, *i.e.* the sound of the high speed drill.

A demonstration area was provided where methods of teeth cleaning were indicated and we also had the co-operation of the Deciduous Fruit Board, who sent "Apple Annie", who gave out apples to young children and indicated the use of this food in dental hygiene.

A model railway was built which portrayed positive and neglected dental health. This display proved an interest to encourage the public into the exhibition and was useful in applying the positive dental health teaching.

The exhibition, judging by the numbers who attended, appeared to be successful. It is difficult to state precise figures but it is estimated that 16,500 people saw the exhibition.

It is pleasing to report that the layout of the exhibition was awarded first prize in the Implements and Trades Stand Class.

In conjunction with Wolverhampton City Borough and Warwickshire County Council an exhibition showing Local Authority services was held at the British Dental Association's annual conference at Birmingham. The Staffordshire exhibit had as its theme Dental Health Education in Schools.

The mobile exhibition vehicle was used for two weeks prior to 5th November for an exhibition on "Firework Danger" which was sent to 13 clinics throughout the County. The vehicle also proved very useful to transport static exhibition materials to various venues, and made 19 return journeys for this purpose. Unfortunately it was only in operation for three months of the year because of no driver.

The mental health exhibition was again in demand and was on display during Mental Health Week and at Saturday afternoon fund-raising events held by Training Centres.

LECTURES

The most effective health education is undoubtedly the talk and discussion, and staff spent a great deal of their time talking to a variety of organisations.

An important function of the Health Education Officer is to encourage active participation by all local authority staff who have a responsible position with the community. In this respect lectures were given to Youth Leaders, student teachers and social workers.

An evening course on "Preparation for Marriage" was organised in conjunction with Stafford College of Further Education. It covered one term and fourteen regularly attended. The majority were engaged couples and it is a measure of success that over 10 weeks the number did not drop. The subjects included Finance, Family Planning, Marriage Problems and Furnishings.

Health department staff continued to be encouraged to undertake health teaching and in this connection the technical assistant gave 112 film shows to support such members in their health education work.

LECTURE DETAILS — GENERAL

<i>Subject</i>	<i>No.</i>	<i>Attendance</i>
Dental Health	7	679
Personal Health	5	365
Parentcraft	25	519
Learning to Live (Youth)	105	1,280
Home Safety	8	262
Smoking	6	248
Other	29	775
Foot Health, Resuscitation, Public Health, Social Services.		

LECTURE DETAILS — SPECIAL

<i>Subject</i>	<i>No.</i>	<i>Attendance</i>
Student Teachers	27	405
Mental Health Conference	1	120
Social Workers	1	20
Youth Leaders	2	100

These details relate to work undertaken by health education staff and it must be pointed out that many lectures are undertaken by other members of the health department staff. Acknowledgement must be given to these members whose contributions so ably supplement the work of the section.

HEALTH VISITING

At the 30th September, 1967, the number of Health Visitors employed was 117. In addition there were 9 nurses holding the combined post of District Nurse/Midwife/Health Visitor. The staff establishment is reviewed annually and the establishment at the end of the year was 156. The number of vacancies is a constant problem and, although the number of Health Visitor Students joining the staff each year goes some way towards meeting the problem, normal wastage through retirements and resignations means that very little improvement is made overall.

Though this grade of staff is still scarce, it is expected that the position will be eased by the opening of the training course at the University of Keele.

This course, which commenced in October, 1967, has made an excellent start as the University was fortunate in recruiting an experienced Tutor who took up her duties in April in order to do the preliminary work in setting up the course.

A number of the medical staff of the County Council share the duty of lecturing with the staff of the University and the City of Stoke-on-Trent.

Ten students sponsored by the County are undertaking the course. The practical work is undertaken within the County under the supervision of specially trained Health Visitors.

It is anticipated that the number of places available next academic year will be increased from 15–20 and that Cheshire County Council will join the scheme. They will provide some of the lecturers, thus relieving some of the staff of the County Council of this rather onerous duty. Eleven places will be made available for Staffordshire students next year.

The policy of sending Health Visitors on refresher and other types of Courses at regular intervals has continued and during the year, seven attended refresher courses and two attended a Winter School organised by the Health Visitors' Association.

The following are the statistics relating to the Health Visiting Service during 1967:—

Visits to Expectant Mothers:

First visits	..	..	..	..	3,452
Total visits	..	..	..	..	4,890

Visits to Infants under one year:

First visits	..	..	..	..	14,879
Total visits	..	..	..	..	55,212

Total visits to children aged 1 year and under 2 years 42,685

Total visits to children aged 2 years and under 5 years 62,441

—	Cases visited by Health Visitors	No. of cases
1	Children born in 1967	15,300
2	Children born in 1966	11,421
3	Children born in 1962-65	22,084
4	Total number of children in lines 1—3	48,805
5	Persons aged 65 or over	2,589
6	Number included in line 5 who were visited at the special request of a General Practitioner or hospital	1,151
7	Mentally disordered persons	62
8	Number included in line 7 who were visited at the special request of a General Practitioner or hospital	35
9	Persons excluding maternity cases discharged from hospital (other than Mental Hospitals)	487
10	Number included in line 9 who were visited at the special request of a General Practitioner or hospital	440
11	Number of tuberculosis households visited	178
12	Number of households visited on account of other infectious diseases	289
13	Number of tuberculosis households visited by Tuberculosis Visitors	339

HOME NURSING SERVICE

At the 30th September, 1967, there were 74 whole-time General Nurses together with 61 part-time General Nurses, 45 of these being also domiciliary midwives and 12 district nurse/midwives with part-time health visiting duties.

Supervision is exercised by four Area Nursing Officers and their Deputies who also have supervisory responsibility for midwifery and health visiting staff.

The combined appointment of District Nurse and Midwife or Health Visitor are made in those rural districts where the widely dispersed population makes it impossible to separate general nursing from midwifery work without creating districts too large to be practicable for either service. Unfortunately, such posts have become increasingly difficult to fill and re-distribution of work is becoming necessary.

As opposed to the midwifery and health visiting service, there is little difficulty in filling district nurse vacancies.

In the figure of 74 whole-time General Nurses mentioned above are included 6 male nurses who are responsible for the nursing of patients who could be more appropriately nursed by a male nurse together with heavy cases.

The greatest call upon the district nursing service is nursing of the chronic sick. The home nursing service is adequately equipped to deal with many of the patients who are at present recalled to hospital for such procedures as the removal of stitches. Hospital care and long journeys to outpatients' clinics are, of course, far more expensive than home visits by the district nurse as well as being disturbing to the patients. This matter has been brought to the notice of the hospitals and it is hoped that the District Nurses will undertake more of this work in future.

A scheme operates in Newcastle-under-Lyme whereby two bathing attendants are employed to help the District Nurses. The scheme works satisfactorily but it is not proposed to extend it further as it is only suitable for a densely populated area.

Disposable syringes, gloves and hospital under-pads have continued to be issued to the nursing staff and are much appreciated by all concerned.

The policy of sending nurses employed on the district for special training has continued, 7 having been trained and received the certificate of proficiency approved by the Ministry of Health.

The following tables show some general statistics relating to the Home Nursing Service.

Analysis of New Cases Nursed during the Year

Condition	Age 0-4	Age 5-15	Age 16-64	65 and over	Total
Tuberculosis	2	2	64	12	80
Other infectious diseases	12	15	9	4	40
Diseases of the blood	4	1	258	334	597
Diseases of the heart	2	18	63	375	458
Cerebral Haemorrhage and thrombosis	—	—	122	635	757
Other circulatory diseases	—	—	32	78	110
Respiratory diseases other than tuberculosis	85	21	168	249	523
Diseases of ear or nose and throat ..	46	30	68	14	158
Eye conditions	14	—	9	25	48
Dental conditions	1	6	3	—	10
Gynaecological conditions	—	—	97	218	315
Genito-urinary	—	6	56	164	226
Diseases of bones, joints and muscles	2	5	134	221	362
Diseases of digestive system	39	19	200	222	480
Diabetes	1	3	62	116	182
Parasitic conditions (worms, lice, etc.)	3	5	6	1	15
New growths	1	6	290	328	625
Senility	—	—	18	575	593
Diseases of skin and subcutaneous tissues	26	37	170	207	440
Mental and nervous conditions ..	4	2	95	46	147
Injuries	29	36	130	134	329
Burns and scalds	35	17	56	59	167
Sepsis	15	22	61	38	136
Post operative	17	49	692	255	1,013
Complication of pregnancy or puerperium	3	3	247	2	255
Other conditions	22	15	156	111	304
TOTALS	363	318	3,266	4,423	8,370

Number of Treatments

Type of Case	Total number of treatments given in <i>all cases</i> — old and new — during the year ended 31st December, 1967
General Nursing	103,416
Dressings	74,671
Observation of Patient	18,809
Enemas	3,945
Changing of Pessaries	961
Washouts, douches and catheterisation ..	24,471
Preparation for diagnostic investigations ..	397
Injections—antibiotics	9,458
Other injections	59,103
Other treatments	7,396

Visits

(a) Total number of visits made 246,216

(b) Number of patients who would have
required admission to hospital if a Home
Nursing Service had not been available:

i Acute 1,346

ii Chronic 1,592

SUPPLY OF INCONTINENCE EQUIPMENT

In 1961 a pilot scheme was introduced to assess the value of incontinence pads for certain patients under the care of the Domiciliary Nurses. This indicated that these pads were of great value in enabling difficult cases to be nursed at home and in 1962 arrangements were made for them to be supplied to any case under the care of the Home Nurse.

Ministry of Health Circular 14/63 desired local authorities to make this service available to patients other than those cared for by the Home Nurse. Arrangements were therefore made for the Area Medical Officers to supply incontinence pads to such cases, providing that they were satisfied that the need was genuine and that there would be no excessive or abnormal use of the pads.

Methods of disposal vary in different parts of the County. In some cases the District Council makes special collections for incineration, while in others they are collected with ordinary refuse. In both cases they are placed in wet-strength paper sacks before being offered for disposal.

During 1967, 150,000 pads were supplied to cases of all types within the Administrative County.

In Circular 14/66 the Ministry of Health pointed out that some people who are incontinent by day but are not confined to bed need protective clothing in the form of waterproof pants or knickers with disposable linings. As for the supply of incontinence pads, the Ministry recommends that it is not necessary to restrict the provision of waterproof pants and interliners to persons already receiving home nursing and suggested that all local health authorities do provide such nursing aids to people who would benefit from them. This provision has been complied with in those cases where this was considered to be necessary.

MATERNAL MORTALITY

During the year there were four deaths under the heading of Pregnancy, Childbirth, Abortion, two of which occurred in hospital and two at home.

Each of these deaths was investigated in accordance with the procedure laid down by the Ministry of Health and reports have been submitted on Form M.C.W.97 Revised. The aim of the confidential enquiry is to enable such deaths to be analysed and to try and see if things were done or left undone which might have contributed to the fatal outcome.

The following table gives similar information since 1950:—

Year	No. of Deaths	Deaths Occurred	
		In Hospital	At Home
1950 ..	13	11	2
1951 ..	9	8	1
1952 ..	13	10	3
1953 ..	15	13	2
1954 ..	8	8	—
1955 ..	7	6	1
1956 ..	16	15	1
1957 ..	8	7	1
1958 ..	8	7	1
1959 ..	7	5	2
1960 ..	8	7	1
1961 ..	4	4	—
1962 ..	11	9	2
1963 ..	7	4	3
1964 ..	6	4	2
1965 ..	2	1	1
1966 ..	5	5	—

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

This branch of the work of the Department is concerned with:—

- (a) Medical assessments of candidates appointed to the council's service and their fitness for entry into the superannuation and sickness pay schemes;
- (b) medical reports on staff at the request of employing committees;
- (c) driving licence applications on medical grounds.

MEDICAL ASSESSMENTS

In June, 1967 it was decided that the procedure for medical screening should be extended to include a more comprehensive check for employees of the school meals service. It was felt that this was necessary because permanent employees were certified as fit for inclusion within the sickness pay and, often, the superannuation schemes on insufficient medical information. Until that time, all employees of the school meals service, both permanent and temporary, were required to undergo a chest X-ray examination and a freedom-from-infection examination. The new procedure required that all permanent employees of the service should additionally complete a medical questionnaire.

Although the new procedure had been in operation for the latter six months of the year only, a total of 245 permanent school meals employees completed a medical questionnaire in addition to undergoing the routine chest X-ray and freedom-from-infection examinations. This has, of course, increased the amount of time spent on the assessments by administrative staff, but has been justified by the additional protection to the sickness pay and, where applicable, the superannuation funds.

STATISTICS

A total number of 2,814 candidates was referred for screening, of these 2,581 completed a medical questionnaire, the other 455 either undergoing a chest X-ray or freedom-from-infection examination only or undergoing a full medical examination in the first instance.

The number undergoing a full medical examination includes 50 examinations carried out for the local Authorities, and 100 men examined under the Firemen's Pension Scheme Order. 7 firemen were also examined for fitness for Outward Bound Courses.

Of the applicants who completed a medical questionnaire in the first instance, 454 underwent a medical examination as a result of information given on the questionnaire. The total number of medical examinations carried out was 712, 124 by General Practitioners and 588 by the Assistant County Medical Officers, or other Local Authorities' Medical Officers.

Four hundred and fifty-eight applicants underwent a shortened freedom-from-infection examination on Form A, 188 being carried out by Assistant County Medical Officers and 270 by General Practitioners. In addition five vision tests and one dental examination were carried out.

The number of candidates who underwent a chest X-ray examination was 1,337. Most of these were carried out through the Mass Radiography Service.

The results of the screening were as follows:—

No. of candidates found to be fit to be included in the Superannuation and Sickness Pay Schemes ..	2,407
No. of candidates included in above figure found fit apart from minor defects	26

No. of candidates found fit for work but not for inclusion within the superannuation or sickness pay schemes, or both	70
No. of candidates rejected	18

Further enquiries were necessary in 316 cases and 131 cases were not completed because the applicants withdrew from their posts before enquiries could be concluded.

TEMPORARY NON-SUPERANNUABLE EMPLOYEES IN THE SCHOOL MEALS SERVICE

In the school meals service, 487 temporary employees underwent a freedom-from-infection examination (Form A), 197 being carried out by the Assistant County Medical Officers and 290 by General Practitioners. Four hundred and sixty-five employees underwent a routine chest X-ray examination.

MEDICAL REPORTS ON STAFF

These are carried out at the request of employing committees and are usually because of prolonged absences through sickness, their failure to perform efficiently the duties of their posts, or their retirement on medical grounds where the question of gratuities or breakdown pensions requires consideration. Roadmen employed by the Council are dealt with as a separate issue because of an agreement with the workmen's Joint Advisory Committee. This provides that when a roads employee is away from duty owing to sickness for more than a total of six weeks in any period of twelve consecutive calendar months, he can be required at the discretion of the County Council, to undergo an independent medical examination. These cases are referred to the Department immediately the six weeks period has elapsed and enquiries are then initiated.

The number of cases in these various categories was as follows:—

Sickness of Roadmen	66
Sickness of other staff	47
Superannuation, gratuities, etc.	58

DRIVING LICENCES

The number of driving licence cases referred to the Department was 79. These cases are referred from the point of view of poor eyesight, epilepsy or liability to sudden attacks of disabling giddiness or fainting, thus causing the driving of a vehicle by them to be a source of danger to the public.

Referrals of this nature continue to increase steadily, no doubt due to the increasing number of persons wishing to drive.

MENTAL HEALTH SERVICE

ADMINISTRATION

The Mental Health Sub-Committee (of the Health Committee) deals with the functions of the County Council relating to the Mental Health Service, the recommendations of the Sub-Committee being subject to the approval of the Health Committee and the County Council.

The Mental Health Section of the County Health Department administers both the mental health and child guidance services under the medical direction of the Principal Medical Officer for Mental Health (qualifications M.R.C.S. (Eng.), L.R.C.P. (Lond.)). The senior administrative assistant is the County Mental Welfare Officer (D.P.A.).

At the end of the year under review the field staff was as follows:—

- (a) *Mental Health*: 5 Senior Mental Welfare Officers and 9 Mental Welfare Officers of whom 5 are qualified by length of service as defined in the Younghusband Report. This includes one at present seconded to a Younghusband Course. There were two vacancies at 31/12/67 (not included in the above figure).
- (b) *Child Guidance*: 3 full-time Social Workers (two of whom are qualified) and 4 part-time (14 sessions per week qualified and 6 sessions per week unqualified).

In addition there was one Senior Casework Supervisor (qualified Psychiatric Social Worker) in charge of one of the three Mental Health Centres covering the areas into which the County is divided for mental health purposes. There were two Senior Casework Supervisor posts vacant and 3 vacancies also existed for Casework Supervisors, one at each Mental Health Centre. The Senior Casework Supervisors undertake some field work and supervise the social work within their respective areas. They are also responsible for the day-to-day management and administration of the Centres, seeking to promote and integrate the mental health and child guidance work within their area.

(c) *Training Centres*:

- (i) Supervisors: 9 (all are qualified or hold the Letter of Recognition);
- (ii) Instructors (at Adult Centres): 28 including deputies (5 qualified)
- (iii) Assistant Supervisors (at Junior Centres): 27 including deputies (10 qualified).

TRAINING CENTRES

The extent of training facilities for the mentally handicapped is shown below. Section (A) indicates the numbers on roll at Staffordshire Training Centres and the numbers who receive home tuition from teachers employed by the Education Committee and by Home Teachers appointed by the Health Committee. Section (B) shows the use made of Training Centres administered by neighbouring local authorities for children and adults who are resident in Staffordshire.

	Adults	Juniors
(A) FACILITIES PROVIDED IN STAFFORDSHIRE		
Training Centre:		
Cannock Junior	—	73
Leek Junior	—	40
Lichfield Junior	—	50
Newcastle Junior	—	58
Stafford Junior	—	40
Leek Adult	38	—
Newcastle Adult	78	—
Stafford Adult	62	—
Lichfield Adult	14	—
Cannock Adult	37	—
Home Teachers	5	6
(B) FACILITIES PROVIDED OUTSIDE STAFFORDSHIRE		
Training Centre:		
Shepwell Green Adult (Walsall C.B.)	11	—
Brewer Street Adult (Walsall C.B.)	2	—
Oxley Adult and Baby Unit (Wolverhampton C.B.)	4	6
Waterloo Road Junior (Wolverhampton C.B.)	—	7
Bilston Junior (Wolverhampton C.B.)	—	1
Anglesey Road (Burton-on-Trent C.B.)	3	3
Audnam Adult (Dudley C.B.)	5	—
Blythe Junior (Warwickshire C.B.)	—	11
Chell Heath Junior (Stoke-on-Trent C.B.)	—	5
Shelton Adult (Stoke-on-Trent C.B.)	8	—
Longmoor Junior (Sutton Coldfield C.B.)	—	10
Tividale Junior (Warley C.B.)	—	4
Albert Bradford Adult (Warley C.B.)	3	—
West Bromwich Adult (West Bromwich C.B.)	1	—
TOTALS	271	314

The figures in the above table show an increase of 32 over the previous year. There remain small waiting lists at most of the Junior Centres, and some further building for juniors and adults is included in the ten-year building programme, plus the replacement of the Junior Centre in Lichfield.

The number of children on the waiting list for training was 26 at the end of the year, and the adult waiting list was 7 although this does not by any means represent the full number of adults within the community who will eventually be provided with places.

The annual holidays for the training centre children and adults at Tan-y-Bryn were again organised during the summer months. In all, 362 mentally handicapped persons from Staffordshire training centres had one week's holiday during the summer months. These were accompanied by 67 members of the training centre staff who worked with the staff of the Home to give their charges an enjoyable holiday. In addition, two parties of unaccompanied mentally handicapped adults (55 in all),

one party of children attending child guidance clinics for treatment (29) and two parties from Homes for the elderly (38 residents) were accommodated at the Home during the summer. All children under 16 years of age are accommodated free of charge, whilst each adult is required to contribute towards the board and lodging an amount based on personal income and outgoings.

The County Council, with assistance from the Voluntary Committee attached to the Home, have continued with the programme of improvements to the facilities provided.

VOLUNTARY WORK IN THE MENTAL HEALTH FIELD

Owing to the continued expansion of the work of the County Mental Health Service it will become necessary to discontinued the arrangement whereby office accommodation and secretarial help are provided for the Staffordshire Association for Mental Welfare. The change will take place on 1st January, 1968 when the Association, with the aid of a grant from the County Council, will set up a separate office and commence to provide its own secretarial and typing assistance.

These purely administrative arrangements will not affect in any way the voluntary services the Association has rendered for a great many years at the County Training Centres and Hostels. The Association is looking to the future when its newer community-based voluntary committees may wish to evolve into separate local associations affiliated to the National Association for Mental Health and the severance of the administrative ties with the County Council should give greater freedom to the Association in planning new development.

TRAINING

(a) *Full-time Courses to which Staff were seconded during 1967*

Course	No. of Staff	Designation	Notes
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1965 to 1967)	2	Assistant Supervisors	Obtained qualification
Diploma of the Training Council for Teachers of the Mentally Handicapped (Adults) (1-year 1966-1967)	3	Instructors	Obtained qualification
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1966-July 1968)	3	Assistant Supervisors	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (2-year 1967-July 1969)	1	Assistant Supervisors	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (1-year 1967-July 1968)	1	Assistant Supervisor	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Adults) (1-year 1967-July 1968)	1	Instructor	Course continuing
Diploma of the Training Council for Teachers of the Mentally Handicapped (Juniors) (1-year 1966-1967)	1	Assistant Supervisor	Obtained qualification
Certificate in Social Work (1-year 1967-1968)	1	Senior Mental Welfare Officer	Course continuing
Certificate in Social Work (2-year 1965-July 1967)	1	Mental Welfare Officer	Obtained qualification
Diploma in Social Work (1-year 1967-1968)	1	Social Worker	Course continuing
Certificate in Social Work (1-year 1966-July 1967)	1	Mental Welfare Officer	Obtained qualification
Mental Health Course at London School of Economics (1-year 1966-July 1967)	1	Social Worker	Obtained qualification

(b) *County Training Scheme for Training Centre Staff*

The County Training Scheme follows closely the recommendation of the Scott Report to the effect that local authorities should establish training schemes for school leavers between the ages of sixteen and eighteen years.

Students are eligible for promotion to Assistant Supervisor posts during the third or fourth year of training (*i.e.* while they are absent on the Diploma Course). The period of the Diploma Course is included in the four-year period of the County Scheme.

(c) *Annual Refresher Course*

The Annual Refresher Course for teachers of the mentally handicapped was held for the sixth year in succession at Nelson Hall, near Stafford from 20th to 23rd March, and was officially opened by the Chairman of the Health Committee, Miss G. Joules. The number of students attending was 119 of whom 69 were from local authorities other than Staffordshire.

The theme of the Course was “Communication”—communication between child and teacher, between teacher and parent and between the different agencies dealing with the mentally handicapped. Practical sessions and visits of observation were also included.

We are grateful to the Principal (Miss Malloch) and other staff of Nelson Hall for the hospitality shown to the organisers and students which again was of a very high standard and contributed much to the success of the Course.

(d) *Short Courses*

Some staff in the Mental Health and Child Guidance Service were able to attend short courses and conferences relevant to their work, grants towards expenses being paid by the Authority.

DEVELOPMENT OF THE SERVICE DURING 1967

The new establishments opened during the year are shown in the following table:—

Name and Address of Establishment	Description of Premises	Date opened	No. of places taken by 31.12.67
Hawthorne House, Burton Old Road, Lichfield	Hostel for Mentally Handicapped Adults (22 places)	6.6.67	19
The Hollies, Burton Old Road, Lichfield	Hostel for Mentally Handicapped Children (24 places)	5.6.67	11
Adult Training Centre, Community Centre, Avon Road, Cannock	Training Centre for Mentally Handicapped Adults (50 places)	5.7.67	37
Adult Training Centre, Cherry Orchard, Lichfield	Training Centre for Mentally Handicapped Adults (60 places)	9.10.67	18

WORK UNDERTAKEN IN THE COMMUNITY

New Cases:

Particulars of new cases reported to the Local Health Authority during 1967 are given below. These are shown under each of the four categories laid down by the Mental Health Act, 1959:—

Referred by	Mentally Ill		Psycho-pathic		Sub-normal		Severely Subnormal		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
(A) General Practitioners:									
(1) Under 16 years of age ...	2	1	—	—	—	1	3	7	770
(2) Aged 16 years and over ...	312	440	—	—	3	1	—	—	
(B) Hospitals (after in-patient treatment):									
(1) Under 16 years of age ...	—	—	—	1	—	—	—	—	532
(2) Aged 16 years and over ...	196	327	4	3	1	—	—	—	
(C) Hospitals (after or during out-patient or day treatment):									
(1) Under 16 years of age ...	—	1	—	—	1	—	—	1	209
(2) Aged 16 years and over ...	81	123	2	—	—	—	—	—	
(D) Local Education Authority:									
(1) Under 16 years of age ...	1	2	—	—	6	5	13	16	69
(2) Aged 16 years and over ...	—	1	—	—	11	12	1	1	
(E) Police and Courts:									
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	99
(2) Aged 16 years and over ...	52	33	8	1	2	1	2	—	
(F) Other Sources:									
(1) Under 16 years of age ...	1	3	—	—	14	18	11	16	637
(2) Aged 16 years and over ...	225	307	3	1	14	13	5	6	
TOTAL ...									2,316

Community Care

In addition to those receiving training or on waiting lists for training many other mentally disturbed or mentally handicapped persons living within the community are visited by Mental Welfare staff. The following table shows the numbers receiving care at the end of the year.

	Mentally Ill		Elderly Mentally Infirm		Psycho-pathic		Sub-normal		Severely Sub-normal		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(A) Receiving training in Training Centre:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	3	163	135	
(2) Aged 16 years and over...	3	3	—	—	—	—	22	4	144	107	584
(B) Awaiting entry thereto:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	14	12	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	4	3	33
(C) Receiving Home Training:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	4	2	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	3	2	11
(D) Awaiting Home Training:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	—	—	—
(E) Resident in L.A. Home/Hostel:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	26	19	
(2) Aged 16 years and over...	12	13	12	30	—	—	11	18	19	19	179
(F) Awaiting residence therein:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	4	4	
(2) Aged 16 years and over...	2	—	1	1	—	—	1	—	3	1	17
(G) Resident at L.A. Expense in other Homes/Hostels:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	—	—	—
(H) Resident at L.A. Expense in private household:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	1	—	1
(I) Attending Day Hospitals:											
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	—	—	
(2) Aged 16 years and over...	—	—	—	—	—	—	—	—	—	—	—
(J) Receiving home visits and not included in (A) to (H) above:											
(1) Under 16 years of age ...	—	—	—	—	—	—	4	4	27	18	
(2) Aged 16 years and over...	159	286	12	13	5	—	61	50	54	96	789
(K) Totals:											
(1) Under 16 years of age ...	—	—	—	—	—	—	4	7	212	169	
(2) Aged 16 years and over...	176	300	25	44	5	—	86	66	208	214	1,516

NOTE.—In Sections (A) to (J) the figures relate to *categories only* and a person may appear under more than one category. The totals in Section (K) relate to *persons in care*, each person being counted once only. The totals are therefore not necessarily a direct addition of the figures above.

For the majority of mentally subnormal children and adults regular visits by the Mental Health Staff experienced in the work who can advise wisely when difficulties arise, are sufficient. Those admitted to the Training Centres gain benefit and happiness from the friendly school atmosphere, and the majority can remain living at their own homes. The Hostels which have now been opened in conjunction with Training Centres are all full to capacity during term-time. These are mainly mentally subnormal persons who have no homes, whose parents need some relief or who have unsuitable home backgrounds. Some are able to go home for weekends and the Centre holidays.

Other mentally handicapped persons living in the community are able to work and ready assistance is given to the Social Workers by officers of the Ministry of Employment and Productivity in placing them in suitable employment. The Ministry of Social Security comes to the aid of those who are unemployable.

At 31st December, 1967, there were two subnormal persons under statutory guardianship:—

	Under 16 years of age		Aged 16 years and over	
	M	F	M	F
(a) of L.H.A.	1	—	1*	—
(b) of persons other than L.H.A.	—	—	—	—

* Newcastle Borough case

Both received regular visits and one attends a Training Centre.

Hospital Care

Admission of persons to hospitals for the mentally subnormal under provisions of the Mental Health Act, 1959, made during the year:—

Informal admissions	..	..	..	13
Section 26	..	..	..	1
Section 29	..	..	..	—
Section 60	..	..	..	—

The following table indicates the extent of temporary residential care provided during 1967 and the state of the hospital waiting list at the end of the year:—

	Mentally Ill		Psycho-pathic		Subnormal		Severely Subnormal		Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Number of persons in L.H.A. area awaiting admission to hospital at 31.12.67:									
(A) In urgent need of hospital care:									
(1) Under 16 years of age ..	—	—	—	—	—	—	9	2	} 13
(2) Aged 16 years and over ..	—	—	—	—	—	—	1	1	
(B) Not in urgent need of hospital care:									
(1) Under 16 years of age ...	—	—	—	—	—	—	2	3	} 11
(2) Aged 16 years and over ...	—	—	—	—	—	—	3	3	
Number of admissions for temporary residential care during 1967:									
(A) to N.H.S. Hospitals:									
(1) Under 16 years of age ...	—	—	—	—	—	—	6	1	} 13
(2) Aged 16 years and over ...	—	—	—	—	—	—	5	1	
(B) to L.H.A. residential accommodation:									
(1) Under 16 years of age ...	—	—	—	—	—	—	51	48	} 178
(2) Aged 16 years and over ..	1	3	—	—	7	5	30	33	
(C) Elsewhere:									
(1) Under 16 years of age ...	—	—	—	—	—	—	—	—	} —
(2) Aged 16 years and over ...	—	—	—	—	—	—	—	—	

THE MENTAL HEALTH CENTRES

From 1st May, 1967, the Birmingham Regional Hospital Board effected changes in the Mental Hospital Reception Areas, and it was decided to adjust the three areas into which the Administrative County is divided for Mental Health purposes to make them co-terminus with the new Hospital Areas. Each of the three Mental Health Centres is now responsible for all admissions to one of the three Hospitals for the Mentally Ill in the area.

These Centres provide a focal point for all aspects of mental health for each area, and in addition to the services provided as amplified in the tables above, as the experience of staff widens and additional qualified personnel becomes available, so the Centres are becoming increasingly recognised as agencies willing to offer skilled help and advice on the emotional problems of living. These may be marital problems, delinquency, unemployment, etc. without marked psychiatric content but where disturbed inter-personal relationships are complicating features.

The statistics which are collected from time to time (some of which are included in this report) all show a general increase in the amount of work done within the community from the Mental Health Centres. The number of supportive home visits which the Mental Welfare Staff have been able to make has increased steadily over the past few years, and there are indications in several parts of the County of the benefits of this progress in effective preventive work and a corresponding lowering in the numbers of patients admitted to hospitals for the mentally ill and the subnormal. In other areas shortage of staff has temporarily slowed down this momentum.

Subnormality clinics held in collaboration with the staff of the Regional Hospital Board have continued. These are diagnostic and advisory clinics for mentally subnormal children, adults and their families. The clinics held at Stafford are at two-monthly intervals and are staffed by Stallington Hospital staff. Occasional clinics are held at Kingswinford as required staffed by St. Margaret's Hospital staff, who also provide similar facilities in Cannock if necessary.

The Social Club in Lichfield has continued and plans are in hand for further experiments in this field.

THE FUTURE

The search for suitable sites for new training centres and hostels has been meeting with more success except in the Borough of Stafford where hopes of a site for a new junior training centre to replace the inadequate building in North Walls are fading. On the whole, the reaction of the public to new mental health buildings has been favourable but persistent objections to a hostel for working men and women recuperating after mental illness in the Aldridge area are an indication of the fears that still linger in the public mind as to the nature and effect of this type of illness. Nevertheless, it can now be said that the delaying factor is primarily more an economic one than a shortage of sites and it is hoped that, given an improvement in the national financial position, progress with the building programme will regain momentum.

Whilst new buildings are tangible evidence of public concern for mental welfare, the need for an efficient and fully-manned social worker service should not be forgotten. Admission to hostels and hospitals for temporary or permanent care is not the prime aim of a community mental health service but has to be resorted to when all efforts to support and maintain the mentally ill and mentally subnormal in their own homes have proved unavailing. Fewer opportunities for promotion, together with the irksomeness, without financial reward, of standby duty, continue to deter the newly qualified social worker from applying for posts in the mental health service. The joint social worker scheme with St. Matthew's Hospital, agreed two years ago, has failed to get started for this reason. The vitally important advisory and supportive service to the families of persons with mental illness has had to be curtailed whilst the routine, but still important, visiting of the mentally subnormal is functioning no more effectively than it was ten years ago, due to the Mental Welfare Officers having to devote so much of their time to dealing with emergencies mainly in the form of urgent calls for help in arranging admissions to hospital. The social worker services of local authorities are currently under review at national level and it may be that before long reorganisation at local level will achieve a better distribution and more efficient use of these skilled but all too scarce resources.

MIDWIVES' SERVICE

The following are particulars of the midwives practising at the end of 1967:—

Number of midwives employed by the Authority	..	147
Number of midwives in private practice (including midwives employed in Nursing Homes):		
Domiciliary	.. .. .	1
Number of midwives employed by Hospital Management Committees	.. .. .	60

The following table shows the number of cases dealt with by the midwives in the area of the Local Supervising Authority during the year:—

Deliveries attended by Domiciliary Midwives during the year:—

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day (6)
Doctor not booked		Doctor booked		Total (5)	
Doctor present at delivery (1)	Doctor not present at delivery (2)	Doctor present at delivery (either the booked Doctor or another) (3)	Doctor not present at delivery (4)		
12	112	371	3,546	4,041	7,271

Particulars of deliveries by Midwives for the last 28 years are given in the table below:—

Year	*No. of deliveries by Midwives	Medical Aid Notices	Still-births	Death of Mother	Death of Child	Contact with Infection	Laying out the Dead	Artificial Feeding
1940	8,714	3,822	206	8	176	157	31	253
1941	9,101	3,966	220	8	187	151	38	280
1942	9,325	3,811	214	7	161	118	28	331
1943	9,190	3,546	172	3	159	125	17	374
1944	9,136	3,482	143	8	181	108	21	484
1945	8,159	3,259	133	8	119	113	14	460
1946	8,526	3,248	164	5	151	94	22	474
1947	9,375	3,358	167	4	127	125	18	568
1948	8,071	3,375	199	5	130	87	20	728
1949	6,520	1,767	146	5	81	82	21	616
1950	6,586	1,376	172	2	89	85	16	655
1951	5,909	1,467	161	1	67	85	20	709
1952	5,252	1,375	160	4	69	86	19	728
1953	5,895	1,290	148	5	48	60	21	764
1954	5,722	1,225	146	1	50	51	17	744
1955	5,693	1,118	168	1	43	67	14	815
1956	6,044	1,162	159	2	50	38	13	743
1957	6,102	1,113	157	—	48	60	17	840
1958	6,381	1,323	158	2	28	60	17	882
1959	6,273	1,274	132	1	22	57	7	1,022
1960	7,804	1,640	130	1	24	50	20	584†
1961	7,349	1,485	105	—	34	46	6	—
1962	7,416	1,294	113	1	34	39	4	—
1963	8,166	1,185	104	—	30	43	10	—
1964	8,093	1,102	84	—	27	38	3	—
1965	7,570	1,094	93	—	29	43	5	—
a1966	5,393	691	24	—	9	15	9	—
1967	4,041	509	25	3	8	6	—	—

* Including midwifery cases in private maternity homes.

† To 30.6.60. Not required after 1.7.60.

a Boundary change.

The percentage of doctors' calls to the number of births attended by midwives was 12.6.

Supervision of midwifery staff is undertaken by four Area Nursing Officers and their Deputies, and they are also responsible for control of Home Nursing and Health Visiting Staff. Staff meetings are held at regular intervals.

The trend in midwifery for more patients to be delivered in hospital has been accelerated as the new units at New Cross Hospital and Good Hope Hospital have become established—this is rather frustrating for midwives due to the number of mothers discharged in the early days of the puerperium. In order to combat this an effort is made to maintain liaison with the hospitals so that midwives are aware of women booked for hospital and likely to be discharged early so that contact can be made during pregnancy.

The scheme at the Victoria Hospital, Lichfield, mentioned in the report for 1966 continues to be outstandingly successful—the number delivered during 1967 was 138. Meetings have taken place to consider a similar scheme with the North Staffs. Maternity Hospital due to open

soon. The basis of the scheme is that patients normally return to their homes after 48 hours in hospital and the midwife who attended them whilst in hospital is responsible for their care throughout.

All midwifery staff employed by the County Council have now been provided with entonox apparatus for the administration of gas and oxygen during labour.

Mothercraft classes continue to flourish. Three courses for the training of staff were held in the County during the year and this has enabled new entrants to the service to be trained in the latest methods and the practising staff to be brought up to date. Classes are available in most parts of the County though, unfortunately, lack of suitable premises prevents a service being offered in some of the more sparsely populated areas.

In accordance with the rules of the Central Midwives' Board, 30 midwives attended courses arranged by the Royal College of Midwives. Two of the Area Nursing Officers attended post-certificate courses.

Fourteen of the County Council's midwives are approved by the Central Midwives' Board as Teacher Midwives. Thirteen pupils completed district training in the area as part of their Part II Midwifery training course during the year ended 30th September, 1967, and five were in training at this date.

MATERNITY AND NURSING HOMES

The County Council are responsible for the registration and inspection of these Homes in the Administrative County.

The following are particulars of the premises registered:—

Number of premises registered at end of year	..	..	3
Number of applications for registration granted	..		—
Number of Homes given up	..	..	—
Number of Homes with more than two beds	..	..	3
Number of Homes solely for midwifery and maternity cases	..	..	1

No applications for registration were granted during the year, the number of registered homes remaining as three, one of which is solely for midwifery and maternity cases.

MOTHERS' CLUBS

In June 1966, the Health Committee approved a scheme for the establishment of mothers' clubs throughout the Administrative County.

The basic idea underlying the formation of these clubs is to bring mothers of children together at regular meetings. The clubs serve two main purposes:—

- (a) They enable mothers with a common interest to meet and provide a break from the home and children;
- (b) they provide a receptive group for topics of Health Education which have a beneficial effect on the health of the mothers and their families.

In return for accepting a programme of Health Education, the County Council make available premises for meetings, either by allowing the use of clinics, where it does not conflict with County Council functions, or by paying for the hiring of accommodation where necessary.

A constitution for the clubs has been laid down, as set out below:—

- (1) The Club shall be open to all mothers of children up to the age of 10 years.
- (2) (i) Clubs should elect a Chairman and Committee annually from amongst its own members, together with a Secretary/Treasurer. A quorum of three members of the Committee (excluding the Secretary/Treasurer) is necessary before business can be conducted.
(ii) The Health Visitor or District Nurse of the Child Welfare Centre must be a member of the Committee.
- (3) *Club Activities*
 - (i) At the discretion of the Committee.
 - (ii) Fifty per cent of the programme should be given over to health education.
 - (iii) County Health Staff are available to help with health education and suggested programmes are available on request. Free loan of equipment is provided.
- (4) *Finance*

The County Council will pay for the hire of the premises subject to the hiring charges being approved by the appropriate Committee following consultation with the County Valuation Officer.
- (5) The Mothers' Clubs will be responsible for the repair or replacement of any damage occasioned during their occupation of the premises.
- (6) *Subscription*

Subscription fees must not exceed 2s. 6d. per person per meeting.
- (7) *Annual Programme of Clubs' Activities*

The yearly programme of the proposed club activities, together with any suggestions, speakers, etc., is required to be sent to the County Medical Officer of Health by the 30th November each year in respect of the following year.

The programmes of activities received from the mothers' clubs indicate that a wide variety of topics, discussions and lectures are provided.

For clubs that have been operating for three or more years (those that existed before the County Council scheme) practically all aspects of Health Education will have been covered. Care has to be taken therefore with regard to the amount of Health Education lectures provided to avoid duplication.

The number of assisted Mothers' Clubs in the County continues to expand gradually and at the end of 1967, the following clubs were operating successfully:—

Ashley
Barton-under-Needwood
Cannock
Glascote
Kidsgrove
Penkridge
Two-Gates, Tamworth
Uttoxeter
Wombourne

There is no doubt the scheme has proved beneficial to mothers who participate and attempts will be made to encourage and assist persons who are thinking of forming such a club in their locality.

There are, of course, various other types of clubs for mothers to attend. These have differing names and are formed under differing organisations (*e.g.* Young Wives Groups attached to Church Organisations).

NEIGHBOURLY HELP SERVICE

This service, which is an integral part of the Domestic Help Scheme, is one in which arrangements are made for neighbours to look after old or sick people living alone, and for the helpers to receive a daily fee for the work they undertake, *i.e.* lighting fires, undertaking shopping, collecting pensions, helping the old people when they are getting up or going to bed, etc. The importance and justification for the scheme is that it has helped old people to remain in their homes in familiar surroundings and that generally it results in obviating, or at least delaying, admissions to residential accommodation, thus bringing about a considerable saving in public money.

During the year under review, the scheme continued as before and 37 neighbourly helps were provided.

NIGHT HELPS

The scheme for employing Night Helps (or Night Sitters or Watchers) was introduced in 1956 and is designed to provide help in cases of serious chronic and terminal illnesses to relieve the heavy strain on relatives by enabling them to have periods of undisturbed sleep during certain nights of the week. The scheme is also intended to give families opportunities of taking annual holidays in cases where there are aged parents who need constant attention and who cannot be temporarily removed to a hospital or other similar institution.

Whilst there is not a great amount of actual work involved in Night Help duties the task can be quite demanding as the Help sits with the patient usually from between 10-12 hours per night. Periods of Night Help duty are not usually long periods of duty. The Help attends the case continually until assistance is no longer required, and this normally is for a period of between 1 and 4 weeks.

Quite often persons employed as Domestic Helps with the Authority agree to undertake Night Help duty also, as it is not always possible to recruit outside persons.

It is generally found that the Night Help Service is called upon by General Practitioners as a last resort in cases of patients living alone and where there is some delay in removing the patient to hospital.

During 1967, the scheme continued unchanged and 32 persons were engaged as Night Helps.

NURSING COMFORTS

The County Council has an arrangement with the British Red Cross Society and the St. John Ambulance Brigade for the provision of nursing aids throughout the County such as commodes, wheelchairs, bedpans, hoists and various other items of equipment. The service rendered by these organisations is invaluable to the County Council in maintaining

as much home nursing as possible, thus relieving pressure on hospital services. As in previous years, the County Council has made financial contributions and for the financial year ending the 31st March, 1968, the following grants will have been made:—

British Red Cross Society	..	..	£4,006
St. John Ambulance Brigade	..	..	£761

The equipment is loaned to the general public from the following centres:—

<i>British Red Cross</i>			
Aldridge	Chasetown	Kingsley	Tamworth
Alrewas	Cheadle	Kinver	Tutbury rural
Alton (Cheadle)	Chorley	Leek	Wall
Armitage	Codsall	Lichfield	Weeford
Barton-under-Needwood	Eccleshall	Mayfield	Weston-under-Lizard
Biddulph	Gayton	Newcastle	Wheaton Aston
Blythe Bridge	Fradswell	Pelsall	Whittington
Brewood	Gnosall	Penkridge	Wombourne
Brocton	Hammerwich	Rugeley	Yoxall
Burntwood	Haughton	Rushall	
Burston	Heath Hayes	Shenstone	
Calton	Hednesford	Stafford	
Cannock	Ipstones	Stone	
	Kings Bromley	Streetly	

<i>St. John Ambulance</i>			
Audley	Hednesford	Cheadle	Uttoxeter
Aldridge	Stafford	Kidsgrove	Cheddleton
Chesterton	Brownhills	Leek	Great Wyrley

The British Red Cross Society report that there is a 25% increase on items issued during 1967 over the previous year. The medical loan depots listed above distribute the smaller items such as bedpans, urinals, back rests and rubber rings etc., with the larger items like hoists, ripple beds, hospital beds and matteresses, walking aids or any special aid being issued direct from the Medical Loan Depot at Stafford. During the year, the British Red Cross Society issued 6,205 items of home nursing equipment, 4,523 of these being issued direct from the Stafford depot.

PREMATURITY

The following table gives particulars of the number of premature infants who were born during 1967:—

(1) Number of Premature Live Births notified—							
(a)	In hospital	..	..	..	..	..	705
(b)	At home or a Nursing Home	..	..	..	..	..	151
							856
(2) Number of Premature Stillbirths notified—							
(a)	In hospital	..	..	..	..	..	117
(b)	At home or a Nursing Home	..	..	..	..	..	6
Total							123

PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS
Weight at birth	Born at home or in a nursing home														
	Born in hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day						
	Total births (1)	Died			Total births (5)	Died			Total births (9)	Died			Born		
		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)			
1	2 lb. 3 oz. or less	23	17	5	—	2	—	1	—	1	—	21	1		
2	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	43	11	7	1	2	—	—	—	3	—	27	1		
3	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	112	4	4	2	14	2	—	—	8	2	49	2		
4	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	165	8	3	1	12	—	—	—	11	1	7	—		
5	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	362	4	3	3	91	1	1	—	7	—	13	2		
6	Total	705	44	22	7	121	3	2	—	30	1	4	—	6	

VACCINATION AND IMMUNISATION

The following is the current Immunisation/Vaccination programme of this authority:—

<i>Age</i>	<i>Vaccine</i>	<i>Intervals between Doses</i>
3rd Month ..	1st Triple+1st Oral polio	} 4 to 6 weeks
4th Month ..	2nd Triple+2nd Oral polio	
5th Month ..	3rd Triple+3rd Oral polio	
During 2nd year	Smallpox	
18 months to 2 years ..	Triple booster+Oral polio booster*	
School Entry ..	Dip./Tet. booster+oral polio booster Smallpox (re-vaccination only)	} See note below†
End of Junior School ..	Dip./Tet. booster (half dose) +oral polio booster	
Secondary School	B.C.G.	

*The oral polio booster should not be given less than twelve months after the completion of the primary course.

†The minimum interval between the Dip./Tet. booster+oral booster and the smallpox re-vaccination (whichever is done first) is three weeks.

In the statistical tables below, details are given of the number of persons under the age of 16 years who received protection during 1967. As the 1966 statistics included numbers vaccinated who later became the responsibility of other local authorities, comparisons between the two years are misleading.

Routine vaccination/immunisation in childhood becomes more acceptable and desirable with passage of time. The vaccines are available at clinics throughout the County or can be given by the person's General Practitioner. The work of the Health Visitor is invaluable through her contact with mothers of newly-born children in explaining to the mother the protections available and the intervals at which these should be given.

Through regular attendances at Infant Welfare Clinics, the mothers of the young children can be persuaded to have the child protected, should this be necessary.

The Diphtheria/Tetanus immunisation programme is easily administered and the acceptance rate is good. The issue of consent forms via the schools, enables a large proportion of the child population to be offered immunisation. Most of the school entrant children only require a Diphtheria/Tetanus booster, having had the primary courses during the pre-school years.

There is, it is estimated, very little opposition to vaccination/immunisation these days. Through continued research, vaccines have been made safer and more effective and vaccines against different diseases can often be given together, thus reducing the number of injections. It is also now possible, in some cases, to spray the vaccine through the skin under pressure (inrajat method) and this method of administering vaccines is likely to increase in the future.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1967

Table 1.—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-1963		
1. Quadruple DTPP ..	14	1	—	—	1	—	16
2. Triple DTP	4,439	6,495	1,654	757	725	21	14,091
3. Diphtheria/Pertussis ..	—	—	1	—	1	—	2
4. Diphtheria/Tetanus ..	143	282	80	134	964	863	2,466
5. Diphtheria	5	5	10	10	47	12	89
6. Pertussis	—	14	3	—	6	1	24
7. Tetanus	5	12	9	13	786	1,352	2,177
8. Salk	34	35	5	2	—	—	76
9. Sabin	4,896	5,866	1,856	762	1,909	832	16,121
10. Lines 1+2+3+4+5 (Diphtheria)	4,601	6,783	1,745	901	1,738	894	16,662
11. Lines 1+2+3+6 (Whooping Cough) ..	4,453	6,510	1,658	757	733	22	14,133
12. Lines 1+2+4+7 (Tetanus)	4,601	6,790	1,743	968	2,476	2,236	18,814
13. Lines 1+8+9 (Polio) ..	4,943	5,901	1,861	764	1,910	832	16,211

Table 2.—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-1963		
1. Quadruple DTPP ..	—	7	2	—	—	—	9
2. Triple DTP	45	893	2,628	739	1,166	174	5,645
3. Diphtheria/Pertussis ..	—	—	12	3	2	2	19
4. Diphtheria/Tetanus ..	10	177	511	305	4,999	1,486	7,488
5. Diphtheria	—	—	3	2	330	479	814
6. Pertussis	—	—	2	—	—	—	2
7. Tetanus	—	4	8	11	240	415	678
8. Salk	—	10	6	14	8	1	39
9. Sabin	44	1,021	2,640	875	7,506	2,954	15,040
10. Lines 1+2+3+4+5 (Diphtheria)	55	1,077	3,156	1,050	6,496	2,141	13,975
11. Lines 1+2+3+6 (Whooping Cough) ..	45	900	2,644	742	1,168	176	5,675
12. Lines 1+2+4+7 (Tetanus)	55	1,081	3,149	1,056	6,404	2,075	13,820
13. Lines 1+8+9 (Polio) ..	44	1,038	2,648	889	7,514	2,955	15,088

SMALLPOX VACCINATION—PERSONS AGED UNDER 16

Age at date of vaccination	Number of Persons Vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0 – 3 months	269	—
3 – 6 months	212	—
6 – 9 months	99	—
9 – 12 months	156	—
1	2,989	2
2 – 4	2,504	112
5 – 15	736	740
TOTAL	6,965	854

IMMUNISATION CAMPAIGN 1967

Following the publication of statistics by the Ministry of Health concerning percentages of children vaccinated in England and Wales, it was found that the immunisation rates for pre-school children in this County had fallen below the national averages.

An intensive immunisation campaign was, therefore, launched in the County in conjunction with the Ministry of Health, during the early months of 1967. The particular emphasis of the campaign was placed upon raising the immunisation rate among pre-school children in respect of diphtheria, whooping cough, tetanus and poliomyelitis.

The advertisements for the campaign were paid for by the Ministry of Health. All channels of communication were used including the national and local Press and television coverage.

The following is an extract from publicity material designed to give the public full information of the campaign's intention.

“Babies should be protected from the age of 3 months and the protection can be reinforced when the child starts school.

Protection can be given either by your family doctor or at your welfare clinic or at one of the special clinics which are being opened for this campaign.

It is necessary to have 3 doses of the vaccine at intervals of 4 to 6 weeks, and it is now possible to protect against all four diseases at the same time, so that only three visits to the doctor or clinic are required in order to protect against all four diseases.

Only you as a parent can take the necessary action. The protection is as near as your family doctor or welfare clinic, but without your co-operation, as a parent, the protection may just as well never have existed.

The germs which cause diphtheria, tetanus, whooping cough and poliomyelitis are present *now* in the community and immunisation is the only safeguard.

No amount of money can otherwise buy the protection which these vaccines afford, but they are offered entirely free.

There is nowadays almost no active opposition to immunisation, but there is still a great deal of apathy, and it is this apathy which this campaign is designed to overcome. *Do not put off the visit to your doctor or clinic* because next week may be too late, and you would never forgive yourself if your child died or was maimed for life.

Modern vaccines are a triumph of the skill and ingenuity of doctors and scientists throughout the world. They are both safe and effective, and the protection, if reinforced on entry to school, will last for years. Their administration is virtually painless, and reactions are normally either non-existent or very mild. The danger is not in giving the vaccine but in leaving the child unprotected.

It is essential for immunisation to continue in the absence of epidemics, not only to protect the individual child, but also to protect other children. If the immunisation rate falls below a certain level, then isolated cases tend to result in an epidemic.

It is also possible for an individual to harbour the germ of, say, diphtheria without having the symptoms of disease. Such a person is called a carrier, and is clearly a danger to others.

Diphtheria can result in suffocation; whooping cough in permanent damage to the lungs; tetanus in muscular spasms; poliomyelitis in permanent paralysis of the limbs. All four may result in death.”

EVALUATION OF CAMPAIGN

Despite a large amount of work it was disheartening to report that, so far as increasing the acceptance rate was concerned, the campaign was not successful.

It is difficult to say why the campaign was a failure. It may be due to a small extent because of ignorance, but far more likely it is due to apathy.

The Ministry of Health statistics, showing that the County's rate was below the national average, were based on figures given to the Ministry by this Authority. It has always been acknowledged that a good many general practitioners operating in the County do not always send in records of children immunised and, therefore, the percentages immunised as a whole are artificially low.

NEW ARRANGEMENTS FOR PAYMENT TO GENERAL PRACTITIONERS FOR RECORDS OF PATIENTS IMMUNISED

Prior to 1st April, 1967, General Practitioners forwarded to the local health authority details of the patients immunised, and the local authority paid the doctor the appropriate fee.

Ministry of Health Circular 3/67 altered the procedure so that from the 1st April, 1967, the primary notification from the general practitioners are sent not to the Local Health Authority, but to the Executive Council who are then responsible for the fee.

MEASLES VACCINATION

As reported in the 1966 report, efforts were made to introduce a priority scheme for measles vaccination.

During 1967, the scheme received Ministry of Health approval and arrangements were made to prepare a list of susceptible children and for these to be vaccinated.

Surprisingly, the response from parents was not as good as expected. In fact, out of approximately 500 consent forms sent to parents, no more than 200 were returned. Arrangements were then made for these 200 children to be immunised either at the clinic or through their own doctors.

At the time of writing this report, the priority measles scheme has been abandoned in favour of the general scheme announced by the Ministry of Health. Under this, children will be able to be protected by a single dose of live attenuated measles vaccine. Initially the scheme will be restricted to susceptible children below the age of 7 years, and then gradually expanded to cover all susceptible children up to the age of 15 years.

The progress of the scheme will be fully reported in the 1968 Report.

IMMUNISATION BY MEANS OF THE INTRAJET

The Intrajet (previously known as the Dermojet) is a hand instrument which will deliver a measured dose of vaccine in the form of a spray at high pressure. When the instrument is held close to a child's bare arm,

the spray of vaccine will pass through the skin without any pain or discomfort being experienced. The instrument, therefore, has an enormous psychological advantage over the conventional needle and syringe.

A similar type of instrument has already been used in this County in the last two years to administer B.C.G. vaccine, and the results have been very satisfactory.

For some years the children in this County have been immunised against diphtheria, whooping cough and tetanus by using the three antigens combined in one vaccine. Each dose of this combined vaccine is 0.5 ml. and the Intrajet will only consistently deliver a measured dose of about 0.1 ml. The dose in the case of B.C.G. vaccine has always been 0.1 ml., so there is no difficulty in using the Intrajet type of instrument. In order to use the Intrajet to immunise against diphtheria, whooping cough and tetanus, it is necessary for the vaccine to be concentrated about five times.

There is every reason to believe that this concentrated vaccine will give as good an immunity in children as the present more dilute vaccine, but it is impossible to be certain of this without an actual trial.

During 1967, in conjunction with Glaxo Laboratories, an initial survey was completed which involved 30 children.

In each case 0.4 ml. of triple vaccine was injected by the ordinary disposable syringe into one leg (usually the right) and 0.1 ml. given by Intrajet in the opposite leg at the same visit to the clinic.

The children, whose mothers agreed to participate in the survey, were naturally at different stages in the primary course, and it so happened that ten children received the divided vaccine in the first stage of their preliminary course; ten in the second and ten in the third. The other injections of the primary course were given in the ordinary way, the interval in each case being the usual four to six weeks. Each of the thirty children receiving the divided vaccine were then followed up by a Health Visitor at intervals of two, twenty-four and forty-eight hours.

The reaction in all cases was either nil or minimal. Indeed the reactions appeared to be less than one might expect following the administration of the whole of the vaccine in the conventional manner.

The Health Visitor reported that the mothers of the children stated that they wish all the injections could have been given by the jet-gun or, as they called it, the "pop-gun". They all agreed that it was obviously much less painful than the conventional needle.

The next step will be a further trial in which the normal dose of triple antigen is concentrated into a volume of 0.1 ml. and administered by the intrajet.

This degree of concentration of the vaccine is technically difficult, but it is likely that these difficulties will be overcome by 1968.

B.C.G. VACCINATION 1967

Routine tuberculin testing followed by B.C.G. vaccination, if necessary, continued to be offered under the Authority's arrangements for school children, as well as for those in approved schools and students at technical and other establishments for further education. The policy adopted in September 1964, of offering vaccination to children in their first year in secondary schools was continued, together with any other children who have missed it in previous years for various reasons.

The positive reactor rate continued to fall to the lowest rate ever recorded in this County, having dropped to 4% compared with 6% for 1966 and 10% in 1965. This is almost certainly due to the fact that younger children are being tested and this rate is more in line with that generally found for children in this age group.

Particulars of vaccinations done during 1967 are as follows:—

Number of children eligible	..	..	..	12,566
Number of acceptances	..	..	..	9,180
Acceptance rate	..	..	..	73%
Tuberculin tested	..	..	..	8,932
Vaccinated (negative reactors)	..	..	..	8,569
Positive reactors	..	..	..	363
Percentage positive	..	..	..	4%
Referred for X-ray	..	..	..	89

There were no cases of active tuberculosis discovered this year through these chest X-ray examinations, but investigation of as many contacts as possible of the positive reactors amongst school children was continued, the main purpose being to discover the source of infection responsible for the positive tuberculin reaction in the child and to offer protective measures to other members of the family if necessary.

The British Tuberculosis Association Study which was designed to compare the efficiency of B.C.G. by multiple puncture with the standard intra-dermal method, was continued. Children who were vaccinated in 1966 were followed up with Mantoux tests in 1967. An interesting stage in research has been reached and is approaching a climax. Multiple research involving five pilot studies is now in its final stage and it is anticipated that publication of the results will appear in the near future.

CONTACT SCHEME

The scheme for vaccination of persons known to have been in, or likely to come into contact with cases of tuberculosis, was carried out at the Chest Clinics. The returns submitted by the Chest Physicians showed the number of persons skin tested 578, the number found positive 144, the number vaccinated 422.

Upon notification of a case of tuberculosis the home circumstances are investigated by Tuberculosis Health Visitors and all contacts asked to attend for examination. Child contacts are Mantoux tested and negative reactors are offered B.C.G. vaccination. All contacts except the very young are X-rayed. Where tuberculosis is found at post mortem examination and not known during life, arrangements are made for the contacts to be reviewed.

SECTION IV

OTHER SERVICES

FAMILY PLANNING

The Authority has for many years supported the various family planning services by making grants to the clinics at which County residents attend and by allowing clinics to use County-owned premises free of charge. This form of assistance is preferred, at this stage, to direct provision of the family planning service by the local health department.

Following Ministry of Health Circular 5/66, the Health Committee increased financial contributions to the clinics and also assisted the newly formed Staffordshire Headquarters Branch by providing furnished office accommodation.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967

By the passing of the Family Planning Act, 1967, it is open to the County Council to provide a family planning service using their own premises and staff employed directly by them, in the same way as other permissive sections of the National Health Service Act.

The only advantage of doing this appears to be that of the administrative tidiness associated with direct administration.

The disadvantages are that much local goodwill and interest built up by the Family Planning Association and their voluntary workers would be lost. If the present voluntary arrangements were discontinued, a whole-time service would be more expensive and difficulties in staffing would be probable. The expertise of the Family Planning Authority might be lost if the Association were to become less comprehensive by the Local Health Authorities providing a direct service under the present limitation on expenditure.

At the end of December, 1967, the provisions of the Act had been fully considered by the County Council, but the final outcome had not been decided. However, it is expected that the service will continue to be provided by Voluntary Organisation (Family Planning Association) with the County Council providing increased financial assistance.

CONFERENCE HELD AT KEELE UNIVERSITY

Following the publication of the above-mentioned Act, and having regard to paragraph 9 of the accompanying circular, the department organised a two-day Conference on family planning at Keele University in September, 1967, at which medical and nursing staff were asked to attend.

The Conference was attended by some 260 members of the staff, added to which were representatives from the following Authorities:—

Shropshire
Stoke-on-Trent
Newcastle-under-Lyme
Walsall C.B.
West Bromwich C.B.
Wolverhampton C.B.

Papers were read by experts in the various fields of Family Planning and discussion groups were formed.

From the outset the Conference had a lively air, with all members eager to listen and discuss and learn of the implications of the Act. The speakers gave most constructive lectures which, in turn, stimulated discussion of a high standard and which was frank and to the point.

The Family Planning Service continues to expand and it is expected that this expansion will be greater following the 1967 Act.

The following clinics were serving County residents as at 31st December, 1967.

ALDRIDGE, Leighswood Road Infant Welfare Centre

Monday 7.00–8.30 p.m.

Closed Bank Holiday weeks

BILSTON, Bilston Health Centre, Wellington Road, Bilston, Staffs.

Tuesdays weekly 10.30 a.m.–12 noon
2.00 p.m.–3.30 p.m.

Wednesdays weekly 6.30 p.m.–7.30 p.m.
2.00 p.m.–4.30 p.m.

Closed Bank Holiday weeks and first and last weeks in August.

BENTILEE, Ubberley Health Centre, Bargrave Street, Bentilee, Bucknall, Stoke-on-Trent, Staffs.

Mondays 6.30 p.m.–7.30 p.m.

Closed Bank Holiday weeks and all August.

BURTON-UPON-TRENT, The Clinic, Cross Street, Burton-upon-Trent

Monday weekly 6.00–8.00 p.m.

First Fridays 6.00–8.00 p.m.

Closed Bank Holiday and all August.

CANNOCK, County Health Clinic, Beecroft Road, Cannock, Staffs.

1st, 3rd and 5th Thursday in month 2.00 p.m.–4.00 p.m.

2nd and 4th Thursday in month 3.30 p.m.–6.30 p.m.

LEEK, The Clinic, Salisbury Street, Leek, Staffs.

Wednesday weekly 7.00 p.m.–9.00 p.m.

1.45 p.m.–2.45 p.m. on first Wednesday in month

2.00 p.m.–4.00 p.m. on 3rd Wednesday in month

Closed all August and Christmas if clinic in that week.

LICHFIELD, The Clinic, Sandford Street, Lichfield

Tuesdays 1.30 p.m.–3.30 p.m.

Wednesdays 7.00 p.m.–9.00 p.m.

Closed Easter, Whitsuntide and Christmas weeks and all August.

NEWCASTLE, The Clinic, King Street, Newcastle-under-Lyme

Thursdays 2.00 p.m.–3.45 p.m.

Closed Bank Holiday weeks and all August.

PHEASEY, Beacon Road, Pheasey, Great Barr

Tuesdays 7.15 p.m.–8.30 p.m.

RUGELEY, New Health Centre, Rugeley

Tuesdays 7.00 p.m.–9.00 p.m.

Wednesdays 2.00 p.m.–4.00 p.m.

Closed Friday in Bank Holiday weeks and all August.

STAFFORD, Infant Welfare Centre, North Walls, Stafford

Mondays 6.00 p.m.–8.00 p.m.

Thursdays Practically all day

1st Thursday in month 12 noon–1.00 p.m. (sub-fertility)

Closed Bank Holiday weeks and all August.

STOKE-ON-TRENT, 12 Wellesley Street, Shelton, Stoke-on-Trent, Staffs.

Tuesdays 2.00 p.m.–3.00 p.m. and 6.00 p.m.–7.30 p.m.

Wednesdays 2.00 p.m.–3.00 p.m. Evenings by appointment

Wednesdays 3.00 p.m.–5.00 p.m. for oral contraceptives by appointment

Thursdays 10.00 a.m.–10.30 a.m. and 11.50 a.m.–12.30 p.m. for oral contraceptives by appointment

Thursdays 10.30 a.m.–11.30 a.m.

Tuesdays 10.00 a.m.–12 noon for advice on intra-uterine devices

Closed August, Easter and Whitsun weeks, three weeks at Christmas.

TETTENHALL, Infant Welfare Centre, Council Offices, Upper Green, Tettenhall, Wolverhampton, Staffs.

4th Monday of month 7.00 p.m.–8.30 p.m. (intra-uterine devices)

Mondays 2.30 p.m.–3.30 p.m. and 6.30 p.m.–7.30 p.m.

Tuesdays 7.00 p.m.–8.00 p.m.

Wednesday (except first Wednesday in month) 7.30 p.m.–8.30 p.m.

Closed Bank Holidays.

STAFFORDSHIRE COUNTY COUNCIL
HEALTH COMMITTEE

Annual Report of the County Analyst
for the year 1967

CHEMICAL LABORATORY

The total number of samples, from all sources, was 7,443—of which 5,406 or 73% were from County Council sources, 1,543 or 21% were from other Autonomous Authorities and 494 or 6% were from other sources.

In order to facilitate reference to these samples in this Report, they are grouped under Sections, as follows:—

- | | |
|--------------------|--|
| <i>Section I</i> | Numbers of samples and their origin. |
| <i>Section II</i> | Food & Drugs Act, 1955. |
| <i>Section III</i> | Fertiliser & Feeding Stuffs Act, 1926. |
| <i>Section IV</i> | Consumer Protection Act, 1961. |
| <i>Section V</i> | Pharmacy & Poisons Act, 1933. |
| <i>Section VI</i> | Merchandise & Marks Acts. |
| <i>Section VII</i> | Other Samples. |

LEGISLATION

During the period under review, five Statutory Instruments came into operation:—

- The Artificial Sweeteners in Food Regulations, 1967
- The Butter Regulations, 1967
- The Colouring Matter in Food Regulations, 1967
- The Food (Control of Irradiation) Regulations, 1967
- The Toys (Safety) Regulations, 1967

Eight other Statutory Instruments, coming into effect on various dates from 1968 to 1971, were published:—

- The Meat Pie and Sausage Roll Regulations, 1967
- The Canned Meat Product Regulations, 1967
- The Sausage and Other Meat Product Regulations, 1967
- The Solvents in Food Regulations, 1967
- The Labelling of Food Regulations, 1967
- The Coffee and Coffee Product Regulations, 1967
- The Ice Cream Regulations, 1967
- The Margarine Regulations, 1967

Reports on compositional standards for Cream and Cyclamate Sweetening Substances were published by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food.

Proposals for new Regulations included a draft concerning Claims and Misleading Descriptions on Labels for food.

The addition of Cyclamic Acid and its salts to the list of permitted artificial sweeteners brought England and Wales into line with most Western countries. Cyclamates have some advantages as compared with saccharin, but the reactions of nutrition experts are divided—some are not convinced that Cyclamates have been proved to be completely harmless and others welcome artificial sweeteners as a lesser evil than sugar.

The Regulation banning the use of ionising radiation for the preservation or treatment of food is a welcome measure in view of the lack of knowledge of the long-term effects of the consumption of such foods and the possibility that such use of radiation might produce resistant mutations of bacteria.

Regulations concerning certain safety aspects of Toys were very much needed. The use of the very highly inflammable substance, Cellulose Nitrate, has been banned for all toys except table-tennis balls—there is, apparently, no satisfactory substitute for the latter, and restrictions are placed upon the amounts of certain poisonous pigments in paints on toys.

The publication of the Regulations covering the composition of meat products has brought the effective control of these foods a stage nearer. Although not yet in force, meat products have been examined in relation to the standards and the number of samples that failed to reach the standards was still high—but there is evidence of some overall improvement in quality.

The new Labelling of Food Regulations are, essentially, a re-issue of the 1953 Regulations with a number of minor alterations but important additions are the requirements concerning the sizes of lettering used on labels.

Claims and Misleading Descriptions are the subject of proposed Regulations. Claims referring to slimming properties will be restricted and the requirements applied to a much wider range of foods. Standards will be laid down for the amount of butterfat in sugar confectionery, where the description implies the presence of butter. The use of the name 'Vinegar' will be controlled more closely.

It is a disappointment that the recommendation of the Foods Standards Committee that claims for 'Tonic' properties be not permitted has not been adopted in the proposed Regulations. True tonic properties have never been demonstrated by controlled trials for any food and there seems to be no justification for such claims.

EQUIPMENT

The apparatus for Gas Chromatography that was installed in the latter part of 1966 has proved to be invaluable, not only for the examination of foods for pesticide residues but also for many problems where the high sensitivity of the instrument has facilitated the detection and measurement of minute quantities of substances.

The new laboratory in Eastgate Street for the examination of water samples came into full use during the year and has done much to further the work of the water section. It has, also, to some extent relieved the cramped conditions that exist in the main laboratory premises.

STAFF

The year saw the retirement of Mr. A. Houlbrooke, M.Sc., F.R.I.C. from the position of County Analyst, having served the County in that capacity for 21 years.

The general staffing position has, happily, appeared to have reached a period of some stability and it is desired to record the appreciation of their loyalty, in particular that of the Deputy County Analyst, Mr. H. M. Bee, B.Sc., F.R.I.C.

SECTION I

*Numbers of Samples submitted under the various Acts etc.,
and their Origin.*

FOOD & DRUGS ACT, 1955

	Milk			Pesticide Residues	Com- plaints	Other Foods & Drugs	Totals
	Comp.	Anti- biotics	Hypo- chlorite				
<i>County Council:</i>							
W. & M. Dept. ...	1,519	—	—	49	21	1,171	2,760
Health Dept. ...	1,709	202	306	—	14	—	2,231
	<u>3,228</u>	<u>202</u>	<u>306</u>	<u>49</u>	<u>35</u>	<u>1,171</u>	<u>4,991</u>
<i>Other Sources:</i>							
Stoke-on-Trent ...	193	—	—	11	13	720	937
Newcastle Borough ...	65	—	—	—	7	62	134
Stafford Borough ...	111	—	—	2	10	81	204
Cannock U.D.C. ...	—	—	—	2	7	83	92
Other Authorities ...	—	—	—	—	47	—	47
Private ...	—	—	—	—	7	—	7
	<u>369</u>	<u>—</u>	<u>—</u>	<u>15</u>	<u>91</u>	<u>946</u>	<u>1,421</u>
	<u>3,597</u>	<u>202</u>	<u>306</u>	<u>64</u>	<u>126</u>	<u>2,117</u>	<u>6,412</u>

FERTILISER & FEEDING STUFFS ACT, 1926

	Fertilisers	Feeding Stuffs	Totals
County Council	43	40	83
Stoke-on-Trent	19	6	25
Private	—	1	1
	<u>62</u>	<u>47</u>	<u>109</u>

CONSUMER PROTECTION ACT, 1961

The Toys (Safety) Regulations, 1967

County Council	4	
Stoke-on-Trent	2	Total 6

THE PHARMACY & POISONS ACT, 1933

County Council	1	Total 1
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THE MERCHANDISE & MARKS ACTS

County Council	3	Total 3
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OTHER SAMPLES

ATMOSPHERIC POLLUTION

	Lead Peroxide Cylinders	Rain gauges	Totals
Aldridge-Brownhills U.D.C. ..	24	23	47
Cannock U.D.C.	—	36	36
Newcastle Borough	—	11	11
Stone R.D.C.	45	33	78
Rugeley U.D.C.	11	11	22
Cheadle R.D.C.	—	20	20
Newcastle R.D.C.	12	11	23
	<u>92</u>	<u>145</u>	<u>237</u>

WATERS, EFFLUENTS ETC.

	Drinking Water	Effluents	Swimming Baths	Others	Totals
County Council	26	234	23	5	288
Stoke-on-Trent	3	—	4	—	7
Newcastle Borough	2	—	53	—	55
Stafford Borough	21	—	—	—	21
Cannock U.D.C.	4	—	—	—	4
Other Authorities	108	52	34	8	202
Private	7	5	—	11	23
	171	291	114	24	600

MISCELLANEOUS

	Special Investigations	Toxicology	Totals
County Council	35	1	36
Stoke-on-Trent	—	15	15
Other Authorities	11	6	17
Private	2	5	7
	48	27	75

Total, all samples, 7,443.

SECTION II
FOOD & DRUGS ACT, 1955
Samples received from Official Sources

Commodity	County		Other Authorities	
	Examined	Unsatis.	Examined	Unsatis.
<i>Dairy Products:</i>				
Milk, Ordinary	2,996	30	276	—
„ Channel Island	232	5	93	4
„ Condensed	3	—	9	—
„ Dried	6	1	4	—
Cream	8	—	31	—
Butter	44	1	44	1
Margarine	21	—	19	—
Cheese	61	13	31	16
Ice Cream	18	—	14	1
Milk Puddings	3	2	19	1
Fermented Milk	9	3	1	—
Substitutes	1	—	—	—
Special Tests	522	15	13	8
<i>Cereal Products:</i>				
Flour and Flour Mixes	16	—	9	—
Bread	21	4	10	10
Flour Confectionery	78	6	17	10
Pasta	2	—	—	—
Starch Products	12	—	9	—
Breakfast Cereals	5	—	—	—
Other Cereals	15	—	3	—

FOOD & DRUGS ACT, 1955

Samples received from Official Sources—continued

Commodity	County		Other Authorities	
	Examined	Unsatis.	Examined	Unsatis.
<i>Meat and Meat Products:</i>				
Meat, Raw or Cooked	9	—	6	—
„ Cured or Corned	35	3	21	4
Sausages	117	11	202	17
Prepared Meat	68	7	73	15
Meat in Pastry	11	—	4	4
Spreads	5	2	5	—
Extracts	3	—	1	—
<i>Poultry and Poultry Products:</i>				
Poultry, Raw or Cooked ..	1	—	2	—
Prepared Poultry	7	1	19	4
Eggs and Egg Products ..	1	—	3	—
<i>Fish and Fish Products:</i>				
Fish, Raw or Cooked	11	1	5	—
Prepared Fish	11	1	—	—
Cured Fish	1	—	—	—
Spreads	5	—	4	—
<i>Fruit and Fruit Products:</i>				
Fresh	7	—	7	—
Dried	31	1	52	—
Preserves	25	1	76	3
Canned or Bottled	32	—	14	1
Other Products	31	—	28	4
<i>Vegetable and Vegetable Products:</i>				
Fresh	15	—	3	—
Dried	14	—	2	—
Canned or Bottled	24	1	1	—
Other Products	17	1	16	3
<i>Nuts and Nut Products:</i>				
Nuts	5	—	7	—
Nut Products	30	1	37	1
<i>Sugar and Sugar Products:</i>				
Sugars	14	—	5	1
Sugar Confectionery	35	—	7	—
Other Products	7	—	2	—
<i>Oils and Fats:</i>				
Animal	32	—	23	—
Vegetable	10	—	6	—
<i>Baby and Infant Foods:</i>				
Milk Basis	2	—	1	—
Cereal Basis	6	—	1	—
Fruit/Vegetable Basis	2	—	—	—
Meat Basis	5	—	—	—
<i>Beverages:</i>				
Tea	25	—	—	—
Coffee	13	—	3	—
Cocoa	3	—	3	—
Cereal	2	—	—	—

FOOD & DRUGS ACT, 1955

Samples received from Official Sources—continued

Commodity	County		Other Authorities	
	Examined	Unsatis.	Examined	Unsatis.
<i>Fermentation Products:</i>				
Beer	13	—	12	1
Wine	17	—	1	—
Spirits	10	10	2	—
Vinegar, Pickles, etc.	22	—	21	1
Other Products	2	—	2	—
<i>Soft Drinks:</i>				
Mineral Waters	34	—	5	2
Squashes, Cordials, etc.	19	—	36	1
Others	5	—	2	—
<i>Spices, Flavourings, etc.:</i>				
Herbs and Spices	14	—	33	—
Flavours and Essences	2	—	3	—
Colours	2	—	1	—
Mineral Adjuncts	14	1	9	1
<i>Remedial Foods:</i>				
Slimming Foods	2	—	—	—
Vitamin Foods	—	—	5	—
Special Diets	2	—	—	—
Diabetic Foods	3	1	—	—
<i>Drugs:</i>				
Analgesics and Antipyretics	10	1	8	—
Antiseptics	6	—	1	—
Carbohydrate Nutrients	2	—	—	—
Digestive Aids	5	—	3	—
Emollients and Local Acting	10	—	5	1
Hypnotics and Sedatives	1	—	—	—
Laxatives and Purgatives	11	—	4	—
Respiratory System	14	1	11	—
Stimulants and 'Tonics'	4	1	—	—
Vitamin/Mineral Preparations	17	1	4	—
Others	4	—	3	—
	4,991	127	1,414	120

UNSATISFACTORY FOOD & DRUG SAMPLES—STATISTICS

The numbers of samples, received from official sources, that were the subject of adverse reports—together with the corresponding figures for 1966.

	Milk			Pesticide Residues	Com- plaints	Other Foods & Drugs	Totals			
	*Comp.	Anti- biotics	Hypo- chlorites							
<i>County Council:</i>										
1967	35 (1.1%)	4 (2.0%)	5 (1.6%)	0 —	27 (77%)	56 (4.8%)	127 (2.6%)
1966	99 (2.7%)	17 (5.9%)	5 (1.2%)	0 —	31 (80%)	35 (3.4%)	187 (3.4%)
<i>All Other Authorities:</i>										
1967	4 (1.1%)	— —	— —	— —	51 (61%)	65 (7.1%)	120 (8.5%)
1966	3 (0.8%)	— —	— —	— —	54 (68%)	57 (6.5%)	114 (8.6%)

* Appeal-to-Cow samples, 53 in number, have been excluded from the calculation of the percentages of unsatisfactory samples.

MILK

The average composition of genuine samples of normal milk for the four quarters of 1967, as compared with 1966, was as follows. Appeal-to-cow samples are not included.

ORDINARY MILK

Source		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
		f.	s.n.f.	f.	s.n.f.	f.	s.n.f.	f.	s.n.f.
County Council	1967	3.67%	8.67%	3.51%	8.67%	3.71%	8.66%	3.90%	8.74%
	1966	3.72%	8.69%	3.59%	8.70%	3.72%	8.70%	3.90%	8.79%
Stoke-on-Trent	1967	3.61%	8.59%	3.52%	8.68%	3.63%	8.66%	3.81%	8.64%
	1966	3.63%	8.65%	3.55%	8.68%	3.64%	8.64%	3.80%	8.73%
Newcastle Borough	1967	3.72%	8.66%	3.49%	8.63%	3.66%	8.75%	3.79%	8.63%
	1966	3.65%	8.66%	3.50%	8.75%	3.63%	8.66%	3.81%	8.76%
Stafford Borough	1967	3.68%	8.67%	3.65%	8.76%	3.75%	8.68%	3.83%	8.70%
	1966	3.57%	8.75%	3.59%	8.76%	3.76%	8.76%	3.91%	8.78%
Cannock U.D.C.	1967	—	—	—	—	—	—	—	—
	1966	—	—	3.45%	8.61%	—	—	3.97%	8.81%

CHANNEL ISLAND MILK

Source		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
		f.	s.n.f.	f.	s.n.f.	f.	s.n.f.	f.	s.n.f.
County Council	1967	4.57%	9.05%	4.47%	9.02%	4.62%	8.95%	4.80%	9.17%
	1966	4.58%	9.04%	4.49%	8.77%	4.70%	9.05%	4.26%	9.13%
Stoke-on-Trent	1967	4.38%	8.90%	4.30%	8.92%	4.45%	8.95%	4.96%	8.91%
	1966	4.37%	8.99%	4.38%	9.02%	4.45%	8.95%	4.67%	9.03%
Newcastle Borough	1967	4.47%	8.96%	4.39%	8.96%	4.60%	9.03%	4.76%	9.06%
	1966	4.37%	8.94%	4.47%	9.16%	4.55%	9.02%	4.77%	9.09%
Stafford Borough	1967	4.87%	9.18%	4.75%	9.11%	4.72%	9.15%	5.10%	9.13%
	1966	4.68%	9.17%	4.59%	9.12%	4.69%	9.19%	5.30%	9.33%
Cannock U.D.C.	1967	—	—	—	—	—	—	—	—
	1966	—	—	—	—	—	—	5.00%	9.27%

UNSATISFACTORY MILK SAMPLES

Details of the 39 official samples of liquid milk reported as unsatisfactory are as follows:—

Source	Mark	Type	Observations	Source	Mark	Type	Observations
County	F1278	P	1.5% Water	County	D472	CI	20.0% Fat Def.
"	F1390	U	6.7% Fat Def.	"	F1932	U	23.3% " "
"	H9523	U	1.0% Water	"	F1994	CI	15.0% " "
"	97B/X	U	2.2% "	"	F385	U	5.7% " "
"	98B/X	U	1.2% "	"	D614	CI	3.7% " "
"	100B/X	U	4.1% "	"	H243	U	4.0% Water
"	1B/C	U	0.7% "	"	10B/K	U	1.2% "
"	H9580	U	2.0% "	"	11B/K	U	1.3% "
"	H9824	U	15.7% "	"	H278	U	1.3% "
"	H9927	U	2.3% "	"	72B/K	CI	5.0% Fat Def.
"	46B/C	U	5.0% Fat Def.	"	73B/K	CI	5.0% " "
"	47B/C	U	3.3% " "	"	96B/E	U	5.7% " "
"	51B/G	U	5.7% " "	"	96B/K	U	4.0% Water
"	55B/G	U	2.3% Water	"	F622	U	5.0% Fat Def.
"	60B/G	U	26.7% Fat Def.	"	65B/V	U	5.2% Water
"	67B/G	U	1.7% " "				
"	90B/G	U	4.0% " "	Stafford B.C.	1531	CI	3.8% Fat Def.
"	H179	U	6.2% Water	"	1536	CI	10.0% " "
"	H147	U	14.0% Fat Def.	"	1539	CI	25.0% " "
"	H930	P	6.7% " "	"	1540	CI	25.0% " "

Of the samples of milk reported genuine, 42 were naturally poor in fat—as shown by the examination of appeal-to-cow samples, and 135 samples were naturally poor in solids-not-fat—as shown by the Freezing Point Test (Hortvet).

The 53 appeal-to-cow samples included 40 that were below standard in fat and 9 that were below standard in solids-not-fat.

ANTIBIOTIC TEST

Antibiotics are used to treat mastitis and the consumption of milk from such cows could constitute a health hazard, particularly to those persons who are sensitive to antibiotics.

Of the 202 samples examined, 4 or 2.0% gave a positive reaction or antibiotics. While there is still room for improvement, this does represent a much better position than in 1966, when 17 or 5.9% of the 288 samples examined were positive.

HYPOCHLORITE TEST

Solutions of hypochlorites are permitted for the sterilisation of dairy equipment, but none should gain access to the milk.

Of the 306 samples examined, 5 or 1.6% showed the presence of hypochlorite. This is similar to 1966 and indicates that care is still necessary to eliminate this form of contamination.

COMPLAINT SAMPLES OF MILK

Sterilised Milk (County 83B/J) contained 64.9% added water. Investigations indicated that the water had gained access through a faulty closure during the sterilisation process.

6 School Milks (County Health Dept.) were submitted as a result of complaints of taste. 5 were found to be contaminated by hypochlorites.

The adequate cleaning of milk bottles continued to be a problem for dairies. Of the 12 complaints received (Stoke 1, Stafford Borough 1, Cannock U.D.C. 2, Others 8), 8 contained excessive amounts of extraneous matter. In most cases this consisted of general debris and moulds, but one bottle contained aluminium dust from the aluminium foil capping machine and another a residue of paint.

UNSATISFACTORY OTHER FOODS

OTHER DAIRY PRODUCTS

Dried Milk (Complaint, County Health Dept.) was contaminated with general mineral and vegetable debris.

Butter (County 68B/J) contained 16.4% water, 0.4% more than the amount permitted.

Another sample (Complaint, Lichfield R.D.C.) was contaminated by mould,

Cheese. 29 samples (13 County and 16 from other Authorities) were reported against. Of these 27 (12 County, 15 Stoke-on-Trent) did not comply with the labelling requirements of the Cheese Regulations and it is evident that the industry was not prepared for the new Regulations—which came into force on the 1st of February.

Cottage Cheese (County 98B/Z) contained only 4% of fat instead of the minimum of 10% required by the Regulations and 77% of water, whereas the maximum amount permitted is 70%.

A complaint of objectionable odour and taste (Lichfield City) was found to be due to the presence of a mould foreign to cheese.

Ice Cream (Complaint, Cannock U.D.C.) was found to contain hypochlorites.

Milk Puddings. Of two complaint samples (County Health Dept.) one had been prepared with rice that was infested with the larvae of the bread beetle, *stegobium paniceum*, and an unusual taste in the other was found to be due to the accidental inclusion of a small amount of a meat product.

Excessive water, 11.5%, was found in a canned rice pudding (Stoke-on-Trent).

Yoghurt. Three samples (Complaint, County 39B/H, 40B/H, 41B/H) were contaminated by the mould *geotrichum candidum* (*oospora lactis*).

CERAL PRODUCTS

Bread. 14 samples (County 4, Other Authorities 10) submitted following complaints, were found to be contaminated.

Growths of mould of the *penicillium* and *aspergillus* types were found in 3 samples—one of which was contaminated, also, by the red mould *monilia sitophila*.

2 were contaminated by bird droppings, 1 contained a small piece of wire—probably from a flour sieve, 1 contained a length of string soiled with dirty oil, 2 contained lubricant from the bakery machinery and the remainder contained small amounts of general debris and bakery char.

Cream Filled Flour Confectionery. Cream Buns (County 22B/H), Cream Puffs (County 3B/D) and Pineapple Creams (County 5B/P) had fillings consisting of artificial instead of real cream.

Chocolate Meringue Pie (County 34B/B) and *Lemon Meringue Pie* (Stafford Borough 829) had the ingredients listed in the wrong order on the packets.

Bilberry Pie (County 34A/F) had a fruit filling that contained only 20% of bilberries, the remainder being currants.

Crumpets (Complaint, County 23B/U) were contaminated by growths of the moulds *aspergillus niger*, *aspergillus flavus* and a species of *penicillium*.

Apple Pie (Leek U.D.C.) contained a length of thread.

Swiss Roll (Complaint, Stafford Borough) contained the larva of the brown house moth, *hofmannophila pseudopretella*.

Biscuit (Complaint, Seisdon U.D.C.) contained a pellet of rodent excrement.

Doughnut (Complaint, Rugeley R.D.C.) contained bakery char, as did an *Iced Bun* (Cheadle R.D.C.).

Vanilla Slice (Complaint, Cannock U.D.C.) had a growth of penicillium type mould and moulds of both the aspergillus and glaucus types were found in a *Gateau* (Complaint, Aldridge-Brownhills U.D.C.).

Oatcake (Complaint, Newcastle Borough) contained parts of a carabid beetle.

Chocolate Biscuit (Complaint, Kidsgrove U.D.C.) was soiled by a small amount of general debris.

Packed Semolina (Complaint, Lichfield R.D.C.) had been affected by damp and was infested by insects identified as psocids—probably liposcetis (troctes) divinatorius and flour mites—acarus siro (tyroglyphus farinae).

MEAT AND MEAT PRODUCTS

Bacon. 2 samples (County 59B/Z, 67B/Z) contained excessive amounts of water.

Picnic Pork (County 33A/H) contained undeclared potato starch.

Corned Beef. 4 samples, following complaints. Of these, 3 (Lichfield R.D.C. 2, Stone R.D.C. 1) had discoloration due to the corrosion of the interior of the can. Foreign matter in the fourth sample (Stoke-on-Trent) was identified as cotton cloth.

SAUSAGES

Since 1953 there has been no statutory control of the composition of sausages, but the 1953 standards of 65% meat for pork and 50% meat for beef sausages has continued to be applied by Public Analysts. These standards will, again, have the force of law when The Sausage and Other Meat Product Regulations come into operation on 31st May, 1969.

All the samples of Beef Sausages examined satisfied the standard, but 17 samples of Pork Sausages were reported as deficient in meat.

Pork Sausages Deficient in Meat

Source	Mark	Meat	Source	Mark	Meat
County Council	.. 42A/F	50.9%	Stoke-on-Trent	.. 148	55.1%
.. ..	.. 82A/G	58.0%	.. ..	.. 358A	56.4%
.. ..	.. 78B/A	60.9%	.. ..	.. 180	55.5%
.. ..	.. 95B/D	51.4%	.. ..	.. 447A	57.8%
.. ..	.. 80B/P	50.0%	.. ..	.. 381A	55.6%
.. ..	.. 49B/U	61.0%	.. ..	.. 522A	61.1%
.. ..	.. 66B/H	51.2%	Newcastle Borough..	389	55.0%
Stoke-on-Trent	.. 61A	58.9%	Cannock U.D.C.	.. 50	53.9%
.. ..	.. 262A	55.7%			

Undeclared sulphite preservative was found in 11 samples of sausages, 10 Pork and 1 Beef. One sample of Pork Sausages (Stoke-on-Trent 380A) contained 490 p.p.m. of sulphite preservative, *i.e.* 40 p.p.m. more than the maximum amount permitted by the Preservative Regulations.

PREPARED MEATS

Regulations governing the meat content of prepared meats are not yet in operation, but the standards were used to assess the quality of samples of these products and on this basis 18 samples were reported as being deficient in meat.

Prepared Meats Deficient in Meat

Product	Source	Mark	Meat Content	
			Found	Standard
Casserole Steak in Gravy ..	County Council	64A/F	61.8%	75%
..	65A/F	65.6%	75%
Beef Dinner	84A/E	31.1%	35%
Braised Beef Slices in Gravy	98B/A	58.8%	60%
Stewed Steak with Gravy	86B/A	68.5%	75%
Beef Curry	46B/J	17.5%	35%
Beef Curry with Rice	81B/J	21.5%	35%
Stewed Beef Steak with Gravy ..	Stoke-on-Trent	167A	64.3%	75%
Casserole Steak in Gravy	181A	60.1%	75%
Stewed Steak with Gravy	183A	69.1%	75%
Hamburgers with Gravy	186A	39.8%	60%
Casserole Steak in Gravy	299A	65.8%	75%
Stewed Steak with Gravy	205A	65.3%	75%
..	206A	68.7%	75%
..	447A	64.1%	75%
Beef in Gravy	398A	61.0%	75%
Minced Steak with Gravy	527A	71.4%	75%
Stewed Steak in Gravy ..	Stafford Borough	828	66.9%	75%

Lean Cut Minced Beef (Stoke-on-Trent 487A) had a satisfactory meat content of 77.1% but contained undeclared onion.

Complaint samples included a *Stew* (Stoke-on-Trent) that had undergone bacteriological decomposition, a packet of *Dehydrated Soup* (Stafford Borough) that was infested with beetles—identified as Ptinidae or Spider Beetles and a *Stuffed Meat Roll* that contained a fly of the genus Calliphora.

Complaints of Mould were confirmed in two samples of *Sausage Rolls* (Aldridge-Brownhills U.D.C. and Lichfield R.D.C.) and a *Meat Pie* (Lichfield R.D.C.). Penicillium being present in all three and also Aspergillus in the pie.

Another complaint *Meat Pie* (Stoke-on-Trent) concerned the finding, in the pie, of a metal tag identified as having been part of a meat marking label.

Potted Meat. Two samples (County 38A/G, 31A/I) contained 63.0% and 71.7% of meat respectively and should have been described as “Meat Paste”.

POULTRY PRODUCTS

Minced Sandwich Chicken (County 85A/E) contained 63.9% of meat instead of an acceptable minimum of 90%.

Chicken in Jelly. Two samples (Stoke-on-Trent 165A, 345A) contained 70.0% and 75.0% of meat respectively instead of an acceptable

minimum of 80%. A third sample (Stoke-on-Trent 624A) contained 86.1% meat but was incorrectly labelled as “Chicken Fillets” without reference to the presence of added jelly.

Chicken Casserole (Stoke-on-Trent 218A) had a meat content of only 35.3%, but as meat with gravy it should have contained at least 75%.

FISH AND FISH PRODUCTS

Broken Shrimps (County 21A/H) consisted of 80% shrimp meat and 20% brine and should have been described as “Shrimps in Brine”.

Hake Portions (County 82B/Z) consisted of portions of fish coated with breadcrumbs and the description was considered to be misleading.

Canned Salmon. Three complaint samples (Lichfield City 2, Kidsgrove U.D.C. 1) contained crystals of Struvite—a harmless substance consisting of magnesium ammonium phosphate which tends to form from the natural constituents of the fish during storage and which was thought to be splinters of glass.

FRUIT AND FRUIT PRODUCTS

Sultanas (County 61A/I) were coated with mineral oil—which is permitted up to a maximum of 0.5% by Regulation, but as a pre-packed article its presence should have been declared.

Marmalade (County 74A/E) was slightly deficient in soluble solids, having 67.5% instead of a minimum of 68.5%.

Jam. Two samples (Stoke-on-Trent 260A, 312A) were deficient in soluble solids, having 57.5% and 64.0% respectively instead of a minimum of 68.5%. The first sample was decomposing due to fermentation.

Strawberry Jam (Stoke-on-Trent) contained 30% of fruit instead of the required minimum of 38%.

Canned Pineapple, the subject of a complaint (Stoke-on-Trent), was found to be affected by mould that had gained access through a damaged can.

Orange Juice. Three samples (Stoke-on-Trent 71A, 282A, 353A) and one sample of *Grapefruit Juice* (Stoke-on-Trent 216A) contained undeclared added sugar and should have been described as “Sweetened”.

VEGETABLES AND VEGETABLE PRODUCTS

Canned Peas (County 51A/E) submitted as a complaint, contained the chrysalis of a moth.

Tomato Juice (County 90A/F) was incorrectly labelled in that a claim for the presence of vitamins did not give quantitative details.

Potato Crisps. Of five complaint samples, two were submitted because of an unusual discoloration (Newcastle R.D.C. and Lichfield R.D.C.). The colour was found to be due to natural anthocyanin pigments that occur in certain varieties of potato. The other three samples were found to be contaminated with mould (Aldridge-Brownhills U.D.C.), vegetable fibres and general debris (Rugeley U.D.C.) and a mass composed of 36 pieces of string varying from one inch to one foot together with a residue of paint (Leek R.D.C.).

NUT PRODUCTS

Nut Spread (County 43A/E) listed the ingredients in the wrong order and contained an excessive amount of water.

Coconut Macaroon (Leek U.D.C.) submitted following a complaint was contaminated by *Penicillium* mould.

SUGAR PRODUCTS

Demerara Sugar (Stoke-on-Trent) submitted following a complaint, was contaminated by mould and general debris.

FERMENTATION PRODUCTS

Spirits. Ten samples (County 9B/H-18B/H) that were taken following a complaint that supplies had been tampered with, contained amounts of added water varying from 25.8% to 43.0%.

Shandy (Stoke-on-Trent) submitted on complaint, contained fragments of paper.

Malt Vinegar (Stoke-on-Trent 612A) contained live vinegar eels.

SOFT DRINKS

Lemonade and *Appleade* (Cannock U.D.C.) the subjects of complaints, were contaminated by mould—the former by a species of *Geotrichum* and the latter by a species of *Monilia*.

Orange Drink (Aldridge-Brownhills U.D.C.) also the subject of a complaint, was contaminated by dirt and contained yeast.

SPICES, FLAVOURINGS ETC.

Seasoning (County 33A/I) used in the manufacture of sausages was deficient in sulphite preservative.

Golden Raising Powder (Stoke-on-Trent) contained 5.6% of available carbon dioxide instead of the required minimum of 6.0%.

REMEDIAL FOODS

Low Sugar Blackcurrant Jam (County 84A/H) was intended for use by diabetics but was not labelled in accordance with the requirements of the Foods Standards (Preserves) Order.

DRUGS

Analgesic Tablets (County 33A/J) were not labelled with the nature and amounts of the active ingredients.

Zinc and Castor Oil (Stoke-on-Trent 455A) contained excess zinc oxide.

Raspberry Syrup (County 38A/H) consisted of a mixture of Raspberry Vinegar and Olive Oil.

Tonic Tablets (County 13B/U) stated the amounts of the active ingredients in grammes instead of in milligrammes.

Vitamin Tablets (County 74B/L) contained 20mg. of Vitamin C instead of the 25mg. declared.

PESTICIDE RESIDUES

Work on pesticide residues in foods continued during 1967 and the foods examined are listed in the following table. (N.B.: these samples are included in the general list of samples examined under the Food & Drugs Act).

Of the 64 samples, which included 55 samples taken under the National Survey organised by the Local Government Organisations, 49 were from the County Council and 15 from Other Authorities.

Foods Examined for Pesticides

Sample	Number Examined	Sample	Number Examined
Apples	6	Grapes	1
Apricots	1	Lettuce	1
Baby Foods	4	Lard	2
Beef	5	Margarine	2
Beer	1	Milk	4
Bread	4	Oats	1
Breakfast Cereals	1	Onions	1
Brussels Sprouts	2	Pears	1
Cabbage	2	Pheasant	1
Carrots	1	Pork	3
Cheese	4	Potatoes	4
Chicken	2	Raisins	1
Codfish	1	Rice	1
Cucumber	1	Sausages	1
Custard Powder	2	Sugar	1
Eggs	1	Tea	1

Of these samples, 9 only contained measurable amounts of residues of pesticides and in each case the amounts found were less than the amounts generally accepted as permissible in foods.

Foods Containing Pesticide Residues

Sample	Source	Pesticides Found
Apples	Stoke-on-Trent 160A	D.D.T. 0.10 p.p.m.
Apples	County Council 5B/J	Arsenic 0.27 p.p.m.
		Lead 0.86 p.p.m.
Apples	Stafford Borough 830	Arsenic 0.06 p.p.m.
		Lead 0.21 p.p.m.
Apples	Stoke-on-Trent 529A	D.D.T. 0.50 p.p.m.
Apricots	County Council 43B/B	D.D.T. 0.10 p.p.m.
Cabbage	" " 4B/J	B.H.C. 0.04 p.p.m.
Cheese	" " 29A/J	B.H.C. 0.04 p.p.m.
Cucumber	" " 44B/L	Dieldrin 0.04 p.p.m.
Grapes	Stoke-on-Trent 538A	D.D.T. 0.32 p.p.m.
Lard	" " 173A	D.D.T. 0.05 p.p.m.
Margarine	County Council 92A/G	D.D.T. 0.30 p.p.m.
Pheasant	Cannock U.D.C. 79/67	B.H.C. 0.42 p.p.m.
		Dieldrin 0.33 p.p.m.

SECTION III

FERTILISER & FEEDING STUFFS ACT, 1926

108 samples, 83 from the County Council and 25 from Stoke-on-Trent, were submitted by Inspectors under the Act.

Particulars of the samples are given in the following table. The "Excesses" and "Deficiencies" of the table are variations from the warranties beyond the limits prescribed by Regulations made under the Act.

SAMPLES EXAMINED

	County Council				Stoke-on-Trent			
	Number	Irregularities			Number	Irregularities		
		Excess	Deficient	Other		Excess	Deficient	Other
<i>Fertilisers:</i>								
Basic Slag	—	—	—	—	6	1	—	—
Compound	34	2	1	—	12	—	1	—
Dried Blood	1	—	—	—	1	—	—	—
Limestone, Ground	1	—	—	—	—	—	—	—
Muriate of Potash	1	—	—	—	—	—	—	—
Nitrate of Soda	1	—	—	—	—	—	—	—
Superphosphate	2	—	—	—	—	—	—	—
Sulphate of Ammonia	2	—	—	—	—	—	—	—
Others	1	—	—	—	—	—	—	—
	43	2	1	—	19	1	1	—
<i>Feeding Stuffs:</i>								
Cattle Foods	12	—	3	—	2	—	—	—
Pig Foods	12	—	—	—	2	—	—	—
Poultry Foods	11	—	1	1	2	—	—	—
Sheep Foods	2	—	—	—	—	—	—	—
High Protein Meal	2	—	1	—	—	—	—	—
Groundnut Meal	1	—	—	1	—	—	—	—
	40	—	5	2	6	—	—	—

SAMPLES FROM OTHER SOURCES

In addition to the samples listed above, one sample of a Feeding Stuff was submitted privately for compositional analysis.

IRREGULAR SAMPLES

FERTILISERS

Authority and Description		N%	P ₂ O ₅				K ₂ O%	Irregularity
			Tot.	Sol.	Insol.	Citric Sol.		
Compound County 1081	G	8.0	—	8.0	4.0	—	8.0	Excess K ₂ O, 1.5%
	F	8.1	—	7.8	3.6	—	10.3	
Compound County 1122	G	5.0	—	—	0.72	—	2.0	Excess K ₂ O, 0.9%
	F	4.9	—	—	0.8	—	3.4	
Compound County 1123	G	5.0	—	3.0	4.5	—	10.0	Deficient Insol P ₂ O ₅ , 0.3%
	F	4.6	—	2.7	3.7	—	11.3	
Compound Stoke 19A	G	14.5	—	5.1	0.3	—	6.0	Deficient K ₂ O, 2.8%
	F	12.9	—	5.3	0.2	—	2.5	
Basic Slag Stoke 1F	G	—	10.0	Fineness	80.0	8.95	—	Excess Fineness, 5.1%
	F	—	9.6	„	89.1	9.1	—	

In the above Table, 'G' = Guarantee and 'F' = Found.
The excesses were not to the prejudice of the purchaser.

IRREGULAR SAMPLES

FEEDING STUFFS

Authority and Description		Oil %	Protein %	Fibre %	Irregularity
Beef Fattening Nuts County 988	G	1.5	14.5	4.0	Deficient Protein, 2.0%
	F	2.2	11.1	2.8	
Dairy Nuts County 989	G	3.5	18.0	5.0	Deficient Protein, 3.5%
	F	2.8	12.7	4.1	
Coarse Dairy Mix County 1003	G	3.5	20.0	9.0	Deficient Oil, 0.35%
	F	2.4	19.4	7.0	
Growers Mash County 1115	G	3.0	16.5	4.8	Deficient Protein, 0.3%
	F	2.8	14.5	4.1	
Layers Mash County 1117	G	2.9	16.4	—	Fibre not declared
	F	3.1	16.8	2.5	
High Protein Meal County 986	G	4.0	40.0	8.0	Deficient Protein, 1.7%
	F	4.6	34.3	7.9	
Nigerian Groundnut County 1091	G	—	—	—	No declaration
	F	7.4	48.7	5.0	

In the above Table, 'G' = Guarantee and 'F' = Found.

SECTION IV

CONSUMER PROTECTION ACT, 1961

The Toys (Safety) Regulations, 1967

The Regulations did not come into effect until the 1st November, 1967, but six samples were submitted (County Council 4, Stoke-on-Trent 2). All were satisfactory.

SECTION V

THE PHARMACY & POISONS ACT, 1933

The one sample submitted, an *Oven Cleaner* (County Council), was satisfactory.

SECTION VI

THE MERCHANDISE & MARKS ACTS

Of three samples of *Pet Foods* (County), two were considered to be satisfactory but a sample of *Salmon for Cats* contained undeclared carbohydrate and approximately 25% of added water.

SECTION VII

OTHER SAMPLES

ATMOSPHERIC POLLUTION

92 Lead Peroxide Cylinders and the contents of 144 Rain Gauges were submitted for examination in 1967, as listed in Section I.

The Lead Peroxide Cylinders are used to determine the amounts of sulphur gases in the atmosphere—the Lead Peroxide reacts with and fixes the sulphur, which is then determined by analysis.

Rainwater is measured and then examined for soluble and insoluble matter.

The results obtained are summarised in the Tables, together with the corresponding figures for 1966.

AVERAGE SULPHUR POLLUTION (mg. SO₃/100 sq. cm./day)

Area	Site	1966	1967	Highest Month, 1967	Lowest Month, 1967
A	2	1.68	1.81	3.12	0.73
	3	1.28	1.02	1.91	0.32
G	B	0.91	1.10	5.27	0.29
	I	1.19	0.94	1.68	0.36
	J	0.99	0.98	1.98	0.49
	K	0.83	0.79	1.40	0.31
I	1	0.62	0.59	1.30	0.26
N	1	1.19	1.03	2.08	0.43

RAINWATER GAUGES

Area	Gauge No.	Annual Rainfall (inches)		Annual Solid Deposit (tons/sq. mile)	
		1966	1967	1966	1967
A	G.D.6	32.07	28.26	197.1	245.2
	D.1034	29.79	27.04	212.9	181.8
B	D.311	35.86	26.86	160.0	130.1
	D.312	35.92	25.69	165.0	144.1
	D.150	30.43	22.31	275.2	175.2
C	D.131	38.06	35.86	130.0	119.3
G	D.349	34.35	28.85	303.2	284.4
	D.1881				
	D.351				
	D.352				
I	D.1387	31.96	25.72	185.6	126.0
L	D.4697	42.96	31.80	368.3	342.8
N	D.3405	32.29	26.95	102.4	100.5

WATERS, EFFLUENTS ETC.

DRINKING WATER

Of the 174 samples of Drinking Water examined, only 9 were considered to be of unsatisfactory sanitary quality and none of these were public supplies.

NITRATES IN DRINKING WATER

Under the conditions existing in the alimentary tract of infants under 12 months of age, Nitrates become reduced to Nitrites and are absorbed

into the bloodstream. Combination then takes place with the haemoglobin, to form methaemoglobin, which is thus prevented from carrying out the proper function as a carrier of oxygen.

Drinking waters are classified from this aspect as to their suitability for infants, as follows:—

Less than 20 p.p.m. Nitrate N,	..	Suitable
20–39 „ „ „	..	Undesirable
40–79 „ „ „	..	Unsafe
More than 80 „ „ „	..	Dangerous

16 samples, from 5 supplies, contained amounts of Nitrates, as Nitrogen, varying from 20 p.p.m. to 37 p.p.m. and were reported as undesirable for infants.

METALLIC CONTAMINATION OF DRINKING WATER

Lead

Piping made of lead was, at one time, used extensively for cold water plumbing and is still present in many older houses.

Normally, a protective coating forms on the surface of the lead and none of the lead passes into solution, but under certain conditions—in particular where the water is very soft—the attack is continuous and dangerous amounts of lead may be present in the water. Recent work, published in the *Lancet*, has demonstrated that symptoms of lead poisoning, which is cumulative, may still occur in isolated areas where small sources of untreated plumbo-solvent water from private wells are in use.

Until recently the maximum amount of lead permitted in drinking water was 0.1 p.p.m., but the World Health Organisation International Standard is now 0.05 p.p.m.

10 samples of drinking water were examined specifically for lead content but all, except one, were free from lead. The one sample contained the maximum permitted amount when first drawn after standing in the pipes overnight but was reduced to zero after running off some of the water.

2 samples were found to have a very marked corrosive action on fresh lead surfaces, but after 72 hours no further action took place.

Copper

The increasing use of copper plumbing has resulted in complaints of the formation of greenish coloured deposits in kettles etc.

Unlike lead, copper is not a cumulative poison but trace amounts are essential for health and up to 3.0 p.p.m. of copper is normally permitted in drinking water.

In no case did the amount found exceed this limit.

EFFLUENTS

The movement of urban populations, in particular those movements into formerly thinly populated areas and the present trend of establishing industries in new areas, has presented many problems for those concerned

with the treatment and disposal of effluents. Staffordshire has no coastline and all effluents must, eventually, be discharged into natural water-courses where the dilution may not be great and hence a high standard of purification of effluents is essential.

The number of samples examined has increased in recent years and is a measure of the vigilance which is necessary to prevent pollution.

SWIMMING BATH WATERS

The continued popularity of swimming as a recreation is indicated by the number of swimming bath waters submitted for examination—114 in 1967, compared with 82 in 1966.

The recommendations of the Ministry of Health are that the pH should lie between 7 and 8 and that the free chlorine should not be less than 0.2 p.p.m. and preferably not much greater than 0.5 p.p.m.

In general, the pH control has been reasonably satisfactory but correct chlorination—in particular with school baths where the loading varies rapidly from nil to overcrowded—has been difficult.

Although 7 samples were reported as inadequately chlorinated, the tendency has been to err on the side of safety and to over-chlorinate and the majority of samples had amounts in the range of 1.5-3.0 p.p.m. Amounts as high as these are usually tolerated by most bathers, if the pH is correct, but one sample, which was reported adversely, had 60 p.p.m.

MISCELLANEOUS SAMPLES

SPECIAL INVESTIGATIONS

25 samples of soaps and detergents, a sample of antifreeze and a sample of rag flock upholstery stuffing were examined at the request of County Departments with reference to the placing of contracts.

As a result of an accident on the A5 road passing through Staffordshire, which involved a lorry carrying a consignment of Thorium Nitrate, the road became contaminated by radioactive material. The Laboratory, because of special knowledge and equipment, was able to give valuable advice to the County Police and Fire Service and to carry out radio-chemical tests.

An unusual request was to examine the fragments of a broken sewing needle to see whether all the fragments had been recovered.

Insects that had appeared in houses on a new estate were identified as hen fleas and cat fleas.

Other investigations included the examination of various dusts, deposits from a swimming bath and material responsible for the blockage of a sewer, to determine their origin.

TOXICOLOGY

10 samples of various foods in connection with 7 cases of suspected food poisoning were examined, but all were satisfactory.

A bag of crystalline material, found by the Police, was identified as Citric Acid.

A tablet, found in a school, was identified as a Penicillin tablet.

Air, submitted as a result of a complaint of a smell of 'gas', was normal.

The death of some goldfish was thought to have been caused by the use of a plastic dish mop to clean the fish tank, but no toxic material was detected.

Eight drinking mugs, submitted as a result of a reference from another County Authority, were examined as to the suitability of the glaze. Five of the mugs were found to have a glaze that contained lead compounds that were readily dissolved by a mildly acid liquid such as lemonade.

Toxicological investigations from private sources included two samples of urine for alcohol, the stomach of a dog in which poisoning by strychnine was confirmed and samples of soil and herbage in connection with the illness of cattle.

The latter investigation was of particular interest in that the suspected contamination was found to be due to herbicides. The illness of the cattle was thought however to be due, not to the herbicide, but to certain poisonous plants such as foxglove, which are normally avoided by cattle, being eaten because the cattle were unable to distinguish them—or possibly preferring them—when so treated.

MILK SUPPLY

MILK SAMPLING

The work of the Department in endeavouring to ensure a clean, wholesome and disease-free milk supply throughout the County continued, although there was a change in the pattern of milk sampling with a shift of emphasis to untreated supplies. Unfortunately this, together with other aspects of the work, was of necessity curtailed to some extent in the last two months of the year under review, by the Foot and Mouth Disease epidemic which was prevalent throughout the County.

The Department continued to undertake the sampling of 'street' or retail milk throughout that part of the County area for which the County Council is the Food and Drugs Authority. These samples of milk are subject to appropriate statutory tests as follows:—

Untreated milks are examined bacteriologically for cleanliness (the Methylene Blue Test) and also biologically for the presence of tubercle bacilli and Brucella organisms.

Pasteurised milks are also subjected to the Methylene Blue Test and in addition are checked for the efficiency of the pasteurisation process (the Phosphatase Test).

Sterilised milks are examined for the efficiency of heat processing (the Turbidity Test).

Ultra Heat Treated milks must comply with the Colony Count Test.

There are indications nationally that Ultra Heat Treated milk, whilst still a comparative newcomer to the market, is becoming a commercial success and sales are on the increase. It is not yet, however, processed within the County.

Details of these samples appear in Table I.

TABLE I
Summary of Street or Retail Milk Samples Collected (i.e. excluding Samples from Schools, Institutions, &c.)
1st January — 31st December, 1967

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (for Cleanliness)					Phosphatase Test (for correct Pasteurisation)		Turbidity Test (Sterilised Milk)		Colony Count Test (U.H.T. Milk)	
		Samples Void	Samples Examined	Result	% 1967	% 1966	Samples Examined	Result	Samples Examined	Result	Samples Examined	Result
Untreated ..	1,428	78	1,305	Passed 1,175 Failed 175	90.0	87.2	—	—	—	—	—	—
Pasteurised ..	2,490	58	2,432	Passed 2,346 Failed 86	96.5	94.7	2,490 % Satis.	Passed 2,477 Failed 13 1967 99.5 1966 99.8	—	—	—	—
Sterilised ..	109	—	—	—	—	—	—	—	109	Passed	—	—
Ultra Heat Treated	18	—	—	—	—	—	—	—	—	—	18	Passed
TOTALS ..	4,045	136	3,737	Passed 3,521 Failed 261	94.2	93.2						

LEGISLATION

The principal legislation relating to milk are The Milk and Dairies (General) Regulations, 1959 and the Milk (Special Designation) Regulations, 1963, and in accordance with the requirements of these statutes the following licences were in force at the year end within the County:

MILK PASTEURISING AND STERILISING PLANTS

1 firm held a Dealer's (Pasteuriser's) and a Dealer's (Steriliser's) Licence;

1 firm held a Dealer's (Pasteuriser's) Licence.

Both these plants were visited regularly and the premises and plant inspected. In addition to the collection of routine milk samples therefrom, samples of washed bottles were taken from the former to check the efficiency of the bottle-washing plants. The latter dairy supplied milk only in churns and cartons.

MILK DEALERS' LICENCES

The number of licences issued at the end of the year was:—

Dealers' (Pre-packed Milk) Licences	..	1,160
Dealers' (Untreated Milk) Licences	..	5

BIOLOGICAL TESTING

The Department continued to undertake its traditional function of collecting retail untreated milk samples for biological examination on behalf of District Councils. The system continued to work well and had the advantage that an overall picture of potentially hazardous supplies could be ascertained. Unsatisfactory sample results were notified to the District Councils concerned, for appropriate local action.

Biological tests on these untreated supplies were conducted for the presence of tubercle bacilli and Brucella infection and although the former diminished to nil, Brucella abortus on the other hand continued to become more prominent, in the public eye.

As a result of the Ministry of Health Circular 17/66 issued in late October of 1966, herd samples of all milk which was sold for retail consumption as 'Untreated Milk' were taken at monthly intervals. Arising from instances where herds proved to be positive, some 242 individual cow samples were taken at the request of farmers, in addition to the normal routine sampling.

Following the notification to local authorities of retail milk being infected with Brucella abortus, in only one case was legal action necessary by a local authority against a producer/retailer for selling milk from his own herd while it was subject to a restriction notice for a Brucella infection and the defendant was fined £20 and 10 guineas costs.

Details of samples submitted for the presence of Brucella organisms and Tubercle bacilli are given in Table II.

INFORMAL FOOD AND DRUGS SAMPLING

The Department continued to undertake, as an administrative convenience, the routine sampling of milk from retail sources and from schools and school canteens, institutions, etc. for informal examination

TABLE II
Table of Biological Results

Brucella abortus					Tubercle bacilli	
Untreated Milk	Total Samples Examined	Ring Test POSITIVE	Direct Culture POSITIVE	Biological POSITIVE	Total Samples Examined	Biological POSITIVE
Street/Retail	2,154	385*	84	39	438	Nil
Schools	23	2*	—	—	3	Nil
School Canteens, Hospitals, S.C.C. Premises, Private Schools, etc. }	42	8	1	—	8	Nil
TOTALS	2,219	395	85	39	449	Nil

* Included in this figure are 24 samples of milk produced outside Staffs. C.C. area. Two of these samples were further reported as 'Direct Culture Positive' and are included in the 84 samples shown above.

The 2 school milk samples found to be 'Ring Test Positive' were also produced outside the Administrative County.

under the Food and Drugs Act. These samples were examined for the percentage of fat and solids-not-fat and for the presence of added water, the results being notified to the Chief Inspector of Weights and Measures.

Details of these samples, from all sources, are as follows:—

Untreated	..	213	(4 unsatisfactory—1 deficient in fat, —3 deficient in fat and solids-not-fat)
Untreated	..	44	(3 unsatisfactory—deficient in fat)
(Channel Island)			
Pasteurised	..	1,285	(1 unsatisfactory—deficient in solids-not-fat and containing added water)
Pasteurised	..	128	
(Channel Island)			
Sterilised	..	31	
Ultra Heat Treated		8	
<hr/>			
Total	..	1,709	(8 unsatisfactory)

The eight unsatisfactory informal samples were followed up by the Chief Inspector of Weights and Measures, who reported as follows:—

<i>Designations</i>	<i>Results of repeat samples and action taken</i>
Pasteurised Milk	Genuine
Untreated Milk	Deficient in fat—‘Appeal to Cow’ samples genuine. Written caution is- sued by Chief Inspector.
Untreated Milk	Deficient in fat—‘Appeal to Cow’ samples genuine. No further action taken due to death of producer.
Untreated Channel Islands Milk	Genuine
Untreated Channel Islands Milk	Genuine
Untreated Guernsey Milk	Genuine
Untreated Milk	Genuine
Untreated Milk	Genuine

HYPOCHLORITES IN MILK

Samples of milk continued to be examined for the presence of hypochlorites (chemical agents used in the sterilisation of bottles, churns, dairy plant, etc.).

Details are as follows:—

Untreated	..	..	..	157	(4 unsatisfactory)
Untreated Channel Island			..	34	
Pasteurised	..	..	..	86	(1 unsatisfactory)
Pasteurised Channel Island			..	20	
Sterilised	..	..	..	9	
<hr/>					
Total	..	..	..	306	(5 unsatisfactory)

In the instances where hypochlorite was found to be present in Untreated milks, the results were notified to the producer concerned, the Medical Officer of Health of the district where the milk was produced, and the Divisional Milk Officer. In the case of the Pasteurised sample, the processor was notified and also the appropriate County Medical Officer of Health.

ANTIBIOTICS IN MILK

The routine sampling of milk supplies to determine the presence of antibiotics commenced in late 1965, continued throughout the year under review. The decline in the number of 'positive' samples, which was noted after the introduction in April, 1966 of the Milk Marketing Board's price penalty clause which operates against farmers where milk is found to contain antibiotic, was maintained.

In cases which proved to have 'positive' results, the circumstances were investigated but no legal action was taken.

Details of these samples are given below in comparison with the figures for 1966, the first full year of such sampling.

Year	Total Samples Taken	Total 'Positive' Samples	Range of 'Positive' Samples
1967	202	4	0.05 to 0.5 international units penicillin
1966	288	17	'slight trace' to 0.05 international units penicillin

MILK IN SCHOOLS SCHEME

At the end of the year under review, the position regarding the numbers of school children receiving milk and the type of milk supplied under the Milk in Schools Scheme to the various schools in the Administrative Area (excluding Newcastle Excepted District) was as shown in Table III.

TABLE III

MAINTAINED SCHOOLS

Type of Milk	Schools sampled by Staffs. C.C.		Schools in the Areas of the Food & Drugs Authorities of Cannock U.D. Stafford M.B. (Not sampled by Staffs C. C.)		No. of children supplied (figures supplied by Education Dept.)
	No. of suppliers	No. of schools supplied	No. of suppliers	No. of schools supplied	Total
Pasteurised	24	452	4	63	72,865
Untreated	4	5	—	—	95
Total	28	457	4	63	72,960

NON-MAINTAINED SCHOOLS

Pasteurised	9	23	4	4	2,656
Untreated	1	1	—	—	101
Total	10	24	4	4	2,757
Totals for all schools	38	481	8	67	75,717

All supplies are subject to the approval of the County Medical Officer of Health. Normally a supply of Pasteurised milk is insisted upon if such is available, although where this is not practicable Untreated milk is approved. However, from the beginning of the Autumn Term, arrangements were satisfactorily concluded to supply certain schools in the more remote northern parts of the County with Ultra Heat Treated milk in lieu of Untreated supplies which had proved unreliable for one reason or another. One surprising fact to emerge from this change to U.H.T. milk was its popularity amongst the pupils who, in the main, have been born and brought up in a rural area where 'raw' milk is consumed almost exclusively.

SAMPLING

School milk supplies were sampled regularly, every supply being sampled at least twice a term, and an attempt was made to sample every school at least once a year.

School milk samples were subjected to the same tests as the street and retail supplies.

Details of these appear in Table IV.

GENERAL

In addition to samples taken under the foregoing heads, samples of milk were also taken during the year from S.C.C. School Canteens, Hospitals, Children's Homes, County Council Premises, Day Nurseries, Play Groups and certain Private Schools and Colleges, and were subjected to the same tests as other supplies.

Details of these samples appear in Table V.

GLASS ETC. IN SCHOOL MILK

Four incidents concerning the discovery of glass inside bottles of school milk were reported to the Department during the year. In addition there were twelve complaints involving miscellaneous foreign bodies, dirty or damaged bottles.

All these incidents were fully investigated and the matters taken up with the dairies concerned. No legal proceedings were instituted.

It is certain that the problem of glass, etc. in milk bottles will continue as long as milk continues to be 'packaged' in glass, although there are encouraging signs from the dairy industry that its eventual replacement by pre-formed plastic containers may not be too far distant. In the interim, the use of waxed paper cartons is to be preferred and any change from other than glass containers back to glass bottles can only be regarded as a retrograde step.

TABLE IV
Summary of School Milk Samples
1st January — 31st December, 1967

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (For Cleanliness)					Phosphatase Test (For correct Pasteurisation)		Colony County Test (U.H.T. Milk)	
		Samples Void	Samples Examined	Result	% 1967	% 1966	Samples Examined	Result	Samples Examined	Result
Untreated	23	—	23	Passed 20 Failed 3	87.0	86.0	—	—	—	—
Pasteurised	637	2	635	Passed 618	97.3	97.7	637	Passed 637 Failed Nil	—	—
							% Satis.	1967 100 1966 100	—	—
Ultra Heat Treated ..	6	—	—	—	—	—	—	—	6	Passed
TOTALS	666	2	658	Passed 638 Failed 20	97.0	97.1				

Unsatisfactory samples of Pasteurised milk processed at dairies licensed by the County Council are investigated by the County Health Inspectors for both Methylene Blue and Phosphatase test failures. Where the dairy is not licensed by the County Council, samples which fail the tests are reported to the Medical Officer of Health of the licensing authority concerned, for appropriate action.

TABLE V
Summary of Milk Samples from School Canteens, Hospitals, &c.
1st January — 31st December, 1967

TYPE OF MILK	Total Samples Taken	Methylene Blue Test (for Cleanliness)				Phosphatase Test (for correct Pasteurisation)	
		Samples Void	Samples Examined	Result	% 1967	% 1966	Samples Examined Result
Untreated 	37	—	37	Passed 33 Failed 4	89.2	89.3	— —
Pasteurised 	609	8	601	Passed 594 Failed 7	98.8	97.1	609 Passed 608 Failed 1 % Satis. 1967 99.8% 1966 100%
TOTALS 	646	8	638	Passed 627 Failed 11	98.3	96.7	

SUMMARY

The following is a summary of routine samples collected by the Department during the year:—

Street/Retail Milks	..	..	..	4,045
Schools	..	..	..	666
School Canteens	..	..	..	309
Hospitals, Homes, etc.	..	..	..	337
“Food and Drugs” (Milk)	..	..	..	1,709
“Hypochlorites”	..	..	..	306
“Antibiotics”	..	..	..	202
Ring Test only	..	..	..	731*
Total				8,305

*This figure of 731 is included in the total of 2,219 in Table II.

MISCELLANEOUS MATTERS

The routine inspection work of the Department continued to embrace schools and other establishments under the control of the County Council, with particular reference to kitchens, canteens, food inspection, water supplies, especially in rural areas, swimming baths, and general sanitation, including small sewage disposal works.

The number of swimming baths continued to increase and by the end of the year had almost reached the figure that had been attained before the implementation of the West Midlands Review Order in 1966, which had resulted in a loss of twelve baths to the County.

All school swimming baths were inspected by the County Health Inspectorate as a matter of routine at least once per term and tests were conducted on the spot to determine both chlorine and pH content of the water. Advice on the operation of the bath was given to caretakers as and when necessary and special attention was paid to new baths or in cases where difficulties were experienced.

A total of 54 samples were taken for bacteriological examination, of which 52 were satisfactory, and 2 were unsatisfactory.

A total of 17 samples were taken for chemical analysis, of which 16 were satisfactory, and 1 was unsatisfactory.

During the year, 6 new school swimming baths were opened.

The position at the end of the year was, therefore, as follows:—

10 schools had open air (heated) baths equipped with purification plants;

2 schools had fill-and-empty type baths which are hand chlorinated;

11 schools had covered baths equipped with purification plants.

The schools which have their own swimming baths comprise the following:—

- 12 Secondary Schools
- 4 Primary Schools
- 6 Special Schools
- 1 Training College

During the year, the County Health Inspectorate again regularly sampled rural school water supplies for purity and, where applicable, the efficiency of the chlorination equipment and technique.

A total of 3 samples were taken for chemical analysis, which were all satisfactory.

A total of 41 samples were taken for bacteriological examination, of which

36 were satisfactory, and
5 were unsatisfactory.*

(*This figure includes samples taken from known or suspected polluted supplies as a check against the efficiency of the sterilisation measures.)

The situation at the end of the year was as follows:—

4 schools were treating water with chlorine tablets, filters or chlorination equipment;

3 schools were receiving private mains water;

2 schools were receiving public mains water by container;

1 school was receiving untreated water from its own borehole.

The year saw a steady increase in the number of new Local Authority sewerage and sewage disposal schemes in addition to the inevitable extensions to existing works, to meet the demands made by ever-expanding development. Routine sampling of effluents and checks on the general management of these works continued to occupy much of the Department's time and attention.

The relationship between the Public Health Departments and Engineer and Surveyor's Departments of District Councils and the County Health Inspectorate continued to be cordial and made for a favourable climate of continued co-operation in all aspects of the work falling within their respective provinces.

SCHEMES OF WATER SUPPLY, SEWERAGE AND SEWAGE DISPOSAL

For the financial year 1966-67 a sum of £107,996 was contributed by the County Council to District Councils towards the cost of water supply, sewerage and sewage disposal schemes.

During the year, water supply schemes estimated to cost £990 and sewerage and sewage disposal schemes estimated to cost £3,639,406 were submitted to the County Council for grant purposes and were considered by the Health Department. Applications for grants were made under the Rural Water Supplies and Sewerage Acts, 1944-55 and/or under Section 56 of the Local Government Act, 1958. Details of the various schemes considered during the year are as follows:—

Schemes of Water Supply

STONE RURAL DISTRICT

Williscroft Farm, Hilderstone

At the request of the County Estates Department, the Stone Rural District Council put forward a scheme, estimated to cost £1,614, to provide a mains water supply to one new farm to be

built by the County Council's Estates Department. The cost of the main supplying the farm, as distinct from the connection to the main, was estimated to be £990. This Department considered that the cost was not reasonable and the scheme was not recommended for approval.

Note.—Subsequently an alternative method of supplying water by using different route and type of main was made by the County Health Department. This was later adopted with a considerable saving in cost.

Schemes of Sewerage and Sewage Disposal

LICHFIELD CITY

Beacon Street Sewer

This scheme, estimated to cost £3,216, was to make good certain defects which had occurred in the sewer and consisted of re-laying certain sections. This Department considered the scheme to be a straightforward maintenance repair job and it was not recommended for approval for grant purposes.

Theological College Garden Sewer

This scheme, estimated to cost £3,523, was similar to the Beacon Street scheme and again was considered by this Department to be a straightforward maintenance repair job and it was not recommended for approval for grant purposes.

TAMWORTH BOROUGH

Pasveer Ditch

This scheme, estimated to cost £33,000, was to provide a temporary sewage disposal works on the Pasveer Ditch system.

The works are regarded as a temporary measure to enable housing development to proceed in the Kettlebrook area pending the extensions and improvements to the existing Tamworth sewage disposal works and the accompanying enlargement of existing sewers.

The scheme was recommended for approval.

Joint Intercepting Sewer, Pumping Station and Sewage Disposal Works Extensions

This scheme, estimated to cost £1,493,600, was to provide for considerable lengths of new intercepting sewer, a new storm water pumping station, pumps and pipework, storm tanks, rising main and extensions to the existing Coton Lane sewage disposal works. The works extensions form, in fact, practically a new works, to replace the existing overloaded and inadequate arrangements. The existing joint sewers are known to be overloaded and are a cause of nuisance from overflows, since they are quite incapable of dealing adequately with the flow reaching them. The old works are such that it is not practicable to try and extend them and an entirely new works is proposed to be built alongside the old works.

The scheme was recommended for approval.

Kettlebrook—Foul and Surface Water Sewers

This scheme, estimated to cost £154,000, was to provide for new 36in. and 12in. foul water and surface water sewers, together with some culverting and improvements to the channel of the Kettle Brook. The original sewers, laid at the beginning of the century, are quite incapable of taking the flow from the population likely to drain into them and the scheme was recommended for approval.

LEEK URBAN DISTRICT

Sewage Disposal Works Extensions—Stage I

This scheme, estimated to cost £570,000, was a modified one replacing that approved by the County Council at their Meeting on the 26th November, 1966. The modified scheme follows a Ministry of Housing and Local Government Inquiry into the original scheme and owing to financial restrictions outlined in Circular 42/66 the Ministry decided that approval of the scheme in the form originally submitted could not be justified at the present time. In broad outline, the effect is there will be a 50% reduction in the main items of sewage treatment plant. Whether or not such reduction is a wise decision, some extensions are urgently required and will certainly be better than none at all.

The scheme was recommended for approval.

CANNOCK RURAL DISTRICT

Penkridge Sewerage and Sewage Disposal Scheme and Flood Protection Scheme

This scheme, estimated to cost £650,860, was an amended scheme replacing one approved by the County Council in February, 1964. The present scheme consists of two parts—Part I dealing with Sewerage and Sewage Disposal and Part II, Flood Protection Scheme which provides for regrading watercourses and providing open channels in order to prevent flooding occurring in the village.

The scheme was recommended for approval.

Great Wyrley and Cheslyn Hay Sewerage Scheme

This scheme, estimated to cost £162,000, was to provide a new relief sewer and pumping station, together with a rising main from the pumping station at Littleworth to the Cannock Urban District Council's sewage disposal works off the Watling Street. The need is due to the very considerable development which has taken place in the Great Wyrley and Cheslyn Hay areas, the present sewers become surcharged, there are constant flows—even during periods of dry weather—from storm water overflow pipes into brook courses, particularly in the Moat House School area from which there have been many complaints.

The scheme was recommended for approval.

LEEK RURAL DISTRICT

Bagnall and Stanley Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £80,000, was to provide a sewerage system for the villages of Bagnall and Stanley which at the present time have no proper sewerage facilities. The sewage will be treated

at the Rural District Council's Endon sewage disposal works and this involves a certain amount of pumping from the area lying between Stanley Moor and Stockton Brook. This area gravitates naturally to the City of Stoke-on-Trent's sewerage system and a connection to the City sewers would be the obvious way of dealing with the flow. Unfortunately the City are not able to deal with any extra flow nor will they be able to deal with it for some six years.

The scheme was recommended for approval.

LICHFIELD RURAL DISTRICT

Hamstall Ridware Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £27,440, was to provide a sewerage and sewage disposal scheme for the hamlet of Hamstall Ridware. Existing sewers and tanks were quite unable to cope with the quantity of sewage reaching them or to give anything like proper treatment.

Subject to some adjustment being made for a rather larger population than had been originally envisaged, the scheme was recommended for approval.

Edingale and Harlaston Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £87,017, was to provide a combined sewerage and sewage disposal scheme for the villages of Edingale and Harlaston. The proposals provided for new sewers in both villages, together with the necessary pumping stations to pump the sewage from Harlaston to Edingale where a combined sewage disposal works would be sited.

Subject to some minor comments on siting and screening of pumping stations by the County Planning Officer, the scheme was recommended for approval.

Whittington—Heated Sludge Digestion and Odour Control Equipment

This scheme, estimated to cost £15,230, was to provide equipment and piping for the conversion of cold sludge digestion tanks to heated sludge digestion, together with odour control equipment in order to obviate or mask smells from the sewage treatment works. The Rural District Council anticipated strong smells were likely to arise in future and would cause annoyance to occupants of houses now built or in process of building very close to the boundary of the works. This Department was not satisfied that the need for the scheme had been properly made out by the Rural District Council. In particular, if the need was due to proposals by the Rural District Council to deal with sludge from other sewage works at the Whittington works instead of elsewhere, the scheme could not really be considered satisfactory. Alternative suggestions were made by the Health Department for dealing with sludge from other sewage works. It was also felt that the Rural District Council had to some extent condoned the building of houses in close proximity to the works.

Consideration of the scheme was deferred pending the comments of the Rural District Council on the County Health Department's observations.

NEWCASTLE RURAL DISTRICT

Dean Lane, Betley—Sewer Extension

This scheme, estimated to cost £1,855, was to provide main drainage facilities to some 14 properties and a public house at Wrinehill, Betley, this small community being recently added to the Rural District as a result of boundary changes.

The scheme was recommended for approval.

SEISDON RURAL DISTRICT

Wombourne—Sewage Disposal Works Extensions

This scheme, estimated to cost £300,000, was to provide for extensions to the Wombourne works.

Certain technical details required by the Department had not been forthcoming and the scheme was, therefore, approved in principle only, until such details were available. A further report on the scheme would be made in due course.

STONE RURAL DISTRICT

Rough Close Sewerage Scheme

This scheme, estimated to cost £26,086, was to provide a sewer linking the Rough Close area and part of Meir Heath with the Strongford sewage disposal works, by way of the "Wedgwood sewer" at Barlaston. The scheme would enable an existing obsolete and very much overloaded works at Rough Close to be abandoned, excepting that the existing settlement tanks would be used as storm water tanks.

The scheme was recommended for approval.

Hilderstone Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £21,407, was to provide a sewerage and sewage disposal scheme for the village of Hilderstone, where at the present time there are no proper sewerage facilities. The proposals provide for a new works with accompanying sewers.

The scheme was recommended for approval.

Milwich Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £10,172, was to provide a similar sewerage and sewage disposal scheme for the village of Milwich, where again there are no satisfactory sewage disposal arrangements.

The scheme was approved subject to certain technical modifications which had been agreed between the County Medical Officer of Health and the District Council's Surveyor.

MINISTRY OF HOUSING AND LOCAL GOVERNMENT — INQUIRIES AND VISITS OF INSPECTION

During the year the following Ministry Inquiries were held into proposed Schemes of Water Supply, Sewerage and Sewage Disposal.

The County Health Department was represented by the County Health Inspector who also accompanied the Ministry Inspector on his visits of inspection.

8/2/67 Lichfield Rural District Council—Edingale and Harlaston Sewerage and Sewage Disposal Scheme.

- 10/3/67 Lichfield Rural District Council—Kings Bromley Sewerage and Sewage Disposal Scheme.
- 11/4/67 Kidsgrove Urban District Council—New Sewage Disposal Works Extensions, Compulsory Purchase Order in connection with the same.
- 3/10/67 Tutbury Rural District Council—Informal Meeting held at Tutbury with a Ministry of Housing and Local Government Inspector and representatives of Tutbury and Lichfield Rural District Councils concerning the County Council's suggestion of a Joint Sewage Disposal Scheme at Yoxall in lieu of two separate disposal works—one already existing at Yoxall and one proposed to be built at Kings Bromley.
- 5/10/67 Stone Rural District Council—
 (a) Milwich Sewerage and Sewage Disposal Scheme,
 (b) Hilderstone Sewerage and Sewage Disposal Scheme.
- 7/11/67 Lichfield Rural District Council—Hamstall Ridware Sewerage and Sewage Disposal Scheme.
- 22/11/67 Tutbury Rural District Council—
 (a) Rolleston Sewage Works Extensions,
 (b) Anslow Sewer Extensions, Rising Main—Tutbury to Rolleston.

MASS RADIOGRAPHY

I am grateful to the Directors of the Mass Miniature Radiography Units at Stoke-on-Trent and Wolverhampton for providing reports of their work during 1967 from which the following information has been extracted:—

STOKE-ON-TRENT MASS RADIOGRAPHY SERVICE

The number of persons X-rayed by the two units decreased by 5,500 compared with the previous year. This fall was mostly caused by the very unsatisfactory attendance of out-patients at the Central Out-patients' Department in Stoke. It will be remembered that the main reason for moving the static unit and administrative offices to the Central Out-Patients' Department was to provide facilities for "Routine X-rays for Out-Patients". Initially a large number of consultants volunteered to make use of the scheme but with notable exception of dermatologists, little use is now being made. On frequent occasions the notice of consultants and receptionists has been drawn to the unsatisfactory attendances but no improvement can be recorded. On the other hand General Practitioners continued to use the static unit and its follow-up service on the same scale as in previous years.

The reorganisation of the Regional Mass Radiography Service will in future involve the mobile unit in surveys previously covered by the Wolverhampton Unit. In view of these commitments the periodical sessions at Oswestry, Whitchurch, Market Drayton and Stone were discontinued at the end of the year. This reorganisation was also the reason for postponing the changeover from the 70 mm. to the 100 mm. technique on the mobile unit although it is now quite clear that of all the film sizes below the standard films, only the 100 mm. film is really adequate for modern group and mass radiography.

Respiratory Tuberculosis

The case finding rates were the same as in the previous year and patients referred by General Practitioners provided the bulk of newly detected cases. It is a sobering thought that 25 years after the inception of mass radiography for civilians and after the discovery of Streptomycin, and 15 years after the advent of Isoniazide, the "eradication" of tuberculosis in Great Britain is still a distant goal. After a very rapid decline, the graph of case finding rates is now levelling off. Contact examinations of two of the cases shown in this report revealed veritable family epidemics, in one instance involving not less than six family members. During the year the service contributed 29 % of new notifications (during life) from the Stoke Chest Clinic and 76 % from the Newcastle Clinic.

Pneumoconiosis

The number of newly detected cases was about the same as in the previous year; there was a further slight fall in newly identified cases of Progressive Massive Fibrosis. Statistics show that a large proportion of the cases fell into the simple pneumoconiosis category which is often not regarded as a disease process. However, these cases are a very important index of dust exposure and it is believed that a considerable proportion can be identified on 100 mm. films, very much in contrast to smaller film sizes.

During the year the statistical material of the unit was re-scrutinised in preparation for the "International Symposium on Health Conditions in the Ceramic Industry", which was held in Stoke-on-Trent in March 1968. It is obvious that after identifying the large numbers of undiagnosed or mis-diagnosed cases, resulting from pre-war conditions, the numbers of new cases fell dramatically during the last two completed surveys of the local pottery industry. The information on precise occupational histories of workers younger than 40 years at the time of diagnosis of pneumoconiosis, shows that most of these operatives started to work before the reconstruction of the industry in post-war years. Mass radiography played a part in drawing attention to the high rate of tuberculosis and pneumoconiosis in so-called "towers", *i.e.* earthenware fettlers. It seems—and there is a great deal of supporting evidence from other sources—that the new dust extraction methods, developed by the British Ceramics Research Association, are now producing the desired effects. Four cases of Caplan's Syndrome were found during the year (2 men and 2 women). Two cases of Farmer's Lung were confirmed by Precipitin tests.

Bronchogenic Carcinoma

141 cases—another new record—which this year was almost entirely due to a 30 % increase in the number of female cases and in accordance with national mortality statistics. At this unit the percentage proportion of female cases between 1952 and 1964 was only 9 %. It rose to an average of 13 % during the past three years. It was almost 20 % for 1967. Only 23 % of the men and 13 % of the women were thought to be fit for resection and in a number of that small proportion regional extension and metastasis was found on thoracotomy. In men there has been a further proportional increase of cases aged 65 and over at the time of diagnosis, in accordance with the trend observed since 1958.

Other Conditions

Both the static and the mobile unit were extensively used by General Practitioners for the radiological follow-up of pneumonias and other acute respiratory conditions. A closer relationship has been established with the Department of Respiratory Physiology at the City General Hospital, Stoke-on-Trent, for the assessment of the many cases of chronic obstructive bronchial disease, asthma and emphysema.

WOLVERHAMPTON MASS RADIOGRAPHY UNIT

Surveys were carried out in the four counties of Stafford, Hereford, Worcester and Salop during 1967, and the numbers X-rayed by the mobile unit were slightly more than in 1966. The Leyland unit functioned well during the year and was clearly more satisfactory than the caravan unit previously used. The abnormality rate, however, no longer justifies the continued existence of the mobile unit and it is proposed to put it into reserve during 1968 and rely on a part-share of the unit based at Stoke-on-Trent. This will inevitably mean a reduction in the frequency of visits to all areas but it is hoped to maintain perhaps a five-year sequence, at least in the main industrial areas, and continue a three-year programme for some other groups.

SURVEYS AT BASE

The numbers remained substantially unchanged and the twice weekly sessions for general practitioner referrals continued as before, other periods being set aside for ante-natal patients, contacts, tuberculin positive children, etc. Patients with acute inflammatory lesions were either brought back to the next out-patient clinic or recalled for further 100 mm. X-ray examination after a suitable interval.

TUBERCULOSIS IN THE AREA

The figures for those examined at the New Cross Unit remained almost unchanged compared with 1966 and the combined rate per thousand was slightly higher than before.

TUBERCULOSIS AMONG ASIANS

From 3,674 Asians examined, 39 cases of tuberculosis were revealed, a rate of 10.6 per thousand, higher than in 1966 by 1.8 per thousand. Among general practitioner referrals the high rate of 40.7 per thousand reflects the health problem among Asian immigrants and the consequent expenditure on hospital beds, contact tracing, etc.

SPUTUM POSITIVE CASES

The Public Health Laboratory at Stafford examined most of the sputum specimens sent by patients from home and 47% of active cases had sputum which was positive on direct smear or culture. Sensitivity to anti-tuberculous drugs was routinely tested and results forwarded.

NON-TUBERCULOUS ABNORMALITIES

The pattern was much the same as in 1966 and the majority of the abnormalities were due to bacterial and virus infections. In this connection the Bacteriology Laboratory was most helpful in culturing sputum and giving an indication of the antibiotic sensitivity of the organisms.

Patients with suspected abnormalities were recalled for further investigation to the next available out-patient clinic either at the Chest Radiology Centre or at New Cross Out-patient Department. Every endeavour was made to have a report on the 100 mm. film in the hands of the general practitioner within 48 hours or to notify him that his patient was being recalled.

Routine tuberculin testing of contacts and other young persons thought to be at risk, was carried out each Monday morning by the Tuberculosis Health Visitors. The tests were read after three days and B.C.G. or X-ray undertaken as indicated. Much of the work involved Asian patients and their contacts.

The close integration of the Mass Radiography Unit with all these services and the ready availability of the other hospital departments, particularly X-ray Laboratory and Physiotherapy, is greatly to the benefit of the patients.

The help and co-operation of the factory managements, medical officers of health and their staff, chest physicians and general practitioners has been greatly appreciated.

INFECTIOUS DISEASES

The following statistical table relates to the notifiable infectious diseases and the deaths from the diseases among the home population during 1967.

Diseases	Notifications		Deaths	
	Urban	Rural	Urban	Rural
Smallpox	—	—	*	*
Scarlet Fever	219	94	*	*
Diphtheria	—	—	—	—
Enteric Fever	—	—	*	*
Measles	4,607	3,476	—	—
Whooping Cough	317	218	—	—
Puerperal Pyrexia	6	1	*	*
Erysipelas	4	5	*	*
Meningococcal Infection	2	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	}	—
Acute Poliomyelitis (Non-Paralytic)	—	—		
Acute Encephalitis (Infective)	1	—		
Acute Encephalitis (Post Infectious)	1	—		
Pneumonia	65	27	188	171
Dysentery	117	25	*	*
Food Poisoning	8	5	*	*

* Not Classified in Registrar-General's Return.

Comparisons with statistics for previous years will still make little sense having regard to the boundary changes in 1966.

The only comment that can be made on the figures is that it is again pleasing to be able to report that there were no notifications of diphtheria or poliomyelitis in the Administrative County. Following the seven cases of smallpox in 1966 in Cheadle Rural District, it is pleasing to report that no further cases occurred during 1967. Other notifications appear to be fairly constant. The number of measles notifications is up on the 1966 figures. This is of no particular significance as the number of notifications fluctuates quite considerably from year to year.

VENEREAL DISEASES

During the year 1,302 Staffordshire patients attended for diagnosis and treatment for the first time compared with 1,402 for 1966. It will be seen that in 1967, 1,042 of the persons who attended were found not to be infected and the corresponding figure for the previous year was 1,113. The actual cases in 1966 and 1967 were 289 and 260 respectively.

TREATMENT CENTRE	Syphilis	Gonorrhoea	*Other Conditions	Total New Cases
Birmingham General Hospital	9	56	148	213
Burton-on-Trent General Hospital	1	1	8	10
Dudley Guest Hospital	—	2	1	3
Stafford (Staffordshire General Infirmary) ..	4	29	67	100
Stoke-on-Trent (Wellesley Street)	2	26	227	255
Walsall (Manor Hospital)	3	59	306	368
Wolverhampton Royal Hospital	3	65	285	353
TOTALS	22	238	1,042	1,302

* Non-venereal.

For comparative purposes the totals of the cases included in the foregoing table for the last thirty-three years have been extracted and are given below:—

Year	Syphilis	Soft Chancre	Gonorrhoea	Total Cases	Non-Venereal
1935	166	4	322	492	295
1936	137	6	294	437	341
1937	116	5	320	441	326
1938	133	3	302	438	344
1939	116	5	283	404	310
1940	126	1	244	371	348
1941	111	1	267	379	359
1942	134	2	266	402	512
1943	163	2	271	436	783
1944	171	2	273	446	791
1945	186	—	355	541	867
1946	275	2	451	728	1,180
1947	147	2	254	403	682
1948	177	4	219	400	904
1949	148	—	234	382	842
1950	85	—	178	263	824
1951	67	—	163	230	760
1952	54	—	136	190	666
1953	64	—	158	222	698
1954	51	—	109	160	707
1955	39	—	105	144	562
1956	46	—	117	163	531
1957	43	—	163	206	700
1958	43	—	148	191	650
1959	37	—	142	179	797
1960	28	—	121	149	960
1961	32	—	155	187	920
1962	29	—	194	223	978
1963	43	—	213	256	981
1964	34	—	227	261	1,042
1965	29	—	322	351	1,183
1966	28	—	261	289	1,113
1967	22	—	238	260	1,042

The doctor in charge of the venereal disease clinic at the Stafford General Infirmary has forwarded the following report in relation to his clinic.

“I have been looking at the detailed returns for the last five years in Stafford. With small numbers it is difficult to see trends. For instance, the number of new cases of Gonorrhoea for 1967 was double for that of the year before but oddly enough the numbers are down for the first 6 months of 1968.

There are one or two points which might make an interesting study:—

GONORRHOEA

1. *Age incidence:* In the last five years, there have been only 3 females (and no males) below the age of 17 years (all were 16 years).
2. The great majority of males were between 20 and 25 years and the females 18 and 25 years—the most active sexual age.
3. Whereas 5 years ago about two-thirds of all infections of Gonorrhoea were acquired outside the area served by Stafford Clinic, in 1967 more than half were in the area served by the Clinic, suggesting that the infection was spreading out from the larger towns.

SYPHILIS

There were no early Syphilis cases in the area served by the Stafford Clinic.”

The doctor concludes his report by commenting that very few immigrants attend the clinic.